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JOHN P. SUTHERLAND, M.D.,
Editor-in-Chief

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Summary of Abdominal Cases

DIAGNOSIS	OPERATION	No. of Cases	No. of Operations	Cured	Improved	Not Improved	Died
Adeno-carcinoma uteri	Vaginal hysterectomy	1	1	1			
Adhesions of intestines	Abdominal exploration	3	3	3			
Adhesions of omentum	Resection of omentum	1	1	1			
Appendicitis, acute	Appendicectomy	28	28	27			1
Appendicitis, acute; cholelithiasis	Appendicectomy; cholecystotomy	1	1	1			
Appendicitis, acute; cyst of kidney, l.	Appendicectomy; lumbar drainage of cyst	1	1	1			
Appendicitis, acute; cystomata ovarii, d.	Appendicectomy; resection ovarii, d.	2	2	2			
Appendicitis, acute; cystomata ovarii, d.	Appendicectomy; tubo-ovariotomy, d.	1	1	1			
Appendicitis, acute; cystomata ovarii, d.	Appendicectomy; tubo-ovariotomy, r.; resection ovarii, l; ventral suspension	1	1	1			
Appendicitis, acute; cystomata ovarii, l.	Appendicectomy; resection ovarii, l.	1	1	1			
Appendicitis, acute; hernia, ind. ing, r.	Appendicectomy; herniotomy	1	1	1			
Appendicitis, acute; pyo-salpingitis, d.	Appendicectomy; tubo-ovariotomy, d.; ventral suspension	1	1	1			
Appendicitis, acute; pyo-salpingitis, r.	Appendicectomy; tubo-ovariotomy, r.	1	1	1			
Appendicitis, acute; salpingitis, acute, r.; cystomata ovarii, r.	Appendicectomy; tubo-ovariotomy, r.	2	2	2			
Appendicitis, acute; suppurative	Appendicectomy; drainage	13	14	10			3
Appendicitis, acute, sup.; cystomata ovarii, d.	Appendicectomy; abdominal hysterectomy	1	1	1			
Appendicitis, intercurrent	Appendicectomy	32	32	32			
Appendicitis, intercurrent; cystomata ovarii, d.	Appendicectomy; resection ovarii, d.	1	1	1			
Appendicitis, intercurrent; cystomata ovarii, d.	Appendicectomy; resection ovarii, l.; tubo-ovariotomy r.	1	1	1			
Appendicitis, intercurrent; cystomata ovarii, r.	Appendicectomy; resection ovarii, r.	1	1	1			
Carcinoma of intestines	Abdominal exploration	1	1				1
Carcinoma of intestines	Inguinal colostomy	1	1		1		
Carcinoma of stomach	Gastro-enterostomy	1	1	1			
Carcinoma uteri	Abdominal hysterectomy	1	1	1			
Carcinoma uteri	Vaginal hysterectomy	2	2	2			
Carcinoma uteri; appendicitis, int.	Abdominal hysterectomy; appendicectomy	1	1	1			
Cholecystitis; empyema of gall bladder	Cholecystotomy; drainage	1	1				1
Cholelithiasis	Cholecystotomy; drainage	4	4	2			2
Cholelithiasis; appendicitis, acute	Cholecystotomy; appendicectomy	1	1				1
Cholelithiasis; hernia umbilical	Cholecystotomy; herniotomy	1	1	1			
Cholelithiasis; needle in gall bladder	Cholecystotomy; drainage	1	1	1			
Chronic metritis	Vaginal hysterectomy	3	3	3			
Chronic metritis; cystomata ovarii, d.	Vaginal hysterectomy	2	2	2			
Cirrhosis of liver	Abdominal exploration; drainage	1	1		1		
Cystomata of kidney, l.	Nephrectomy, l.	1	2	1			
Cystomata ovarii, d.	Tubo-ovariotomy, r.; resection ovarii, l.; salpingectomy, l.; ventral suspension	1	1	1			
Cystomata ovarii, d.; appendicitis, int.	Resection ovarii, d.; appendicectomy	2	2	2			
Cystomata ovarii, d.; appendicitis, int.	Tubo-ovariotomy, d.; appendicectomy	6	6	6			
Cystomata ovarii, d.; appendicitis, int.	Tubo-ovariotomy, d.; ventral suspension; appendicectomy	6	6	6			
Cystomata ovarii, d.; appendicitis, int.	Tubo-ovariotomy, l.; resection ovarii, r. Appendicectomy	2	2	2			
Cystomata ovarii, d.; appendicitis, int.	Tubo-ovariotomy, l.; resection ovarii, r.; ventral suspension; appendicectomy	2	2	2			
Cystomata ovarii, d.; appendicitis, int.	Tubo-ovariotomy, r.; resection ovarii, l.; appendicectomy	4	4	4			
Cystomata ovarii, d.; appendicitis, int.	Tubo-ovariotomy, r.; resection ovarii, l.; ventral suspension; appendicectomy	3	3	3			
Cystomata ovarii, d.; appendicitis, int.; ventral hernia	Tubo-ovariotomy, d.; appendicectomy; herniotomy	1	1	1			
Cystomata ovarii, d.; ascites	Tubo-ovariotomy, d.; drainage	1	1	1			
Cystomata ovarii, d.; chronic metritis; appendicitis, int.	Abdominal hysterectomy; appendicectomy	1	1	1			
Cystomata ovarii, d.; myomata uteri	Tubo-ovariotomy, d.; myomectomy; ventral suspension	1	1	1			
Cystomata ovarii, d.; myomata uteri	Tubo-ovariotomy, r.; resection ovarii, l.; myomectomy; ventral suspension	1	1	1			
Cystomata ovarii, d.; myomata uteri; appendicitis, int.	Tubo-ovariotomy, d.; myomectomy; ventral suspension; appendicectomy	1	1	1			
Cystomata ovarii, d.; pyo-salpingitis, r.	Resection ovarii, d.; salpingectomy, r.	1	1	1			
Cystomata ovarii, d.; ruptured	Tubo-ovariotomy, d	1	1	1			
Cystomata ovarii, d.; salpingitis, d.; appendicitis, int.	Tubo-ovariotomy, l.; resection ovarii, r.; salpingectomy, r.; ventral suspension; appendicectomy	1	1	1			
Cystomata ovarii, d.; salpingitis, d.; appendicitis, int.	Tubo-ovariotomy, r.; resection ovarii, l.; salpingectomy, l.; ventral suspension; appendicectomy	1	1				
Cystomato ovarii, d.; salpingitis, r.; appendicitis, int.	Tubo-ovariotomy, l.; resection ovarii, r.; salpingectomy,r.; appendicectomy	1	1	1			
Cystomata ovarii, l.	Tubo-ovariotomy, l.; ventral suspension	2	2	2			
Cystomata ovarii, l.; appendicitis, int.	Tubo-ovariotomy, l.; appendicectomy	4	4	4			
Cystomata ovarii, l.; appendicitis, int.	Tubo-ovariotomy, l.; ventral suspension; appendicectomy	1	1	1			
Cystomata ovarii, l.; appendicitis, int.; ventral hernia	Ovariotomy, l.; appendicectomy; herniotomy	1	1	1			
Cystomata ovarii, l.; dermoid; appendicitis, int.	Tubo-ovariotomy, l.; ventral suspension; appendicectomy	1	1	1			
Cystomata ovarii, l.; pyo-salpingitis, l.; appendicitis, int.	Tubo-ovariotomy, l.; ventral suspension; appendicectomy	1	1	1			
Cystomata ovarii, l.; retroversio uteri	Tubo-ovariotomy, l.; ventral suspension;	1	1	1			
Cystomata ovarii, l., ruptured; myoma uteri, calcified; appendicitis, int.	Tubo-ovariotomy, l.; myomectomy; appendicectomy	1	1	1			
Cystomata ovarii, l.; salpingitis, l.; retroversio uteri; appendicitis, int.	Tubo-ovariotomy, l.; ventral suspension; appendicectomy	1	1	1			
Cystomata ovarii, l.; strangulated; cystoma ovarii, r.; appendicitis, int.	Tubo-ovariotomy, d.; appendicectomy	1	1	1			
Cystomata ovarii, r.	Tubo-ovariotomy, r.	1	1	1			
Cystomata ovarii, r.; appendicitis, int.	Tubo-ovariotomy, r.; appendicectomy	6	6	6			
Cystomata ovarii, r., dermoid; cystomata ovarii, l.; appendicitis, int.	Tubo-ovariotomy, d.; ventral suspension; appendicectomy	1	1	1			
Cystomata ovarii, r., strangulated; appendicitis, int.	Tubo-ovariotomy, r.; appendicectomy	1	1	1			
Hernia, ind. ing., l.	Herniotomy	4	4	4			
Hernia, ind. ing., l.; undescended testicle	Herniotomy; extirpation of testicle	1	1	1			
Hernia, ind. ing., r.	Herniotomy	2	2	2			
Hernia, Umbilical	Herniotomy	1	1	1			
Hernia, ventral, p.o.	Herniotomy	1	1	1			
Hernia, ventral, p.o.; strangulation of intestines	Herniotomy; abdominal exploration	1	1	1			
Hydro-salpingitis, d.; appendicitis, int.	Tubo-ovariotomy, r.; resection ovarii, l.; salpingectomy, l.; ventral suspension; appendicectomy	1	1	1			
Movable kidney	Lumbar fixation	1	1	1			
Myomata uteri	Vaginal hysterectomy	18	18	18			
Myomata-uteri; adeno-carcinoma recti	Vaginal hysterectomy; resection of rectum	1	1	1			
Myomata uteri; appendicitis, int.	Abdominal hysterectomy; appendicectomy	6	6	5			1
Myomata uteri, calcified; appendicitis, int.	Supra-vaginal hysterectomy; appendicectomy	1	1	1			
Myomata uteri; carcinoma of intestines	Abdominal hysterectomy; resection of intestines	1	1				1
Myomata uteri; carcinoma uteri	Abdominal hysterectomy	1	1	1			
Myomata uteri; cystomata ovarii, d.; appendicitis, int.	Vaginal myomectomy; tubo-ovariotomy, l.; resection ovarii, r.; appendicectomy	1	1	1			
Myomata uteri; cystomata ovarii, l.; appendicitis, int.	Abd. myomectomy; tubo-ovariotomy, l.; ventral suspension; appendicectomy	1	1	1			
Myomata uteri; cystomata ovarii, l.	Vaginal hysterectomy	1	1	1			
Myomata uteri, pregnant; appendicitis, int.	Abdominal hysterectomy; appendicectomy	4	4	4			
Myoma uteri; prolapsus uteri; appendicitis, int.	Myomectomy; ventral suspension; appendicectomy	1	1	1			
No diagnosis	Abdominal exploration	1	1		1		
Papilloma ovarii, d.	Tubo-ovariotomy d.	1	1	1			
Procidentia uteri; appendicitis, int.	Ventral fixation; appendicectomy	2	2	2			
Procidentia uteri	Vaginal hysterectomy	1	1	1			
Pyo-oophoritis, l.; appendicitis, int.	Tubo-ovariotomy, l.; appendicectomy	1	1	1			
Pyo-oophoritis, l.; pyo-salpingitis, r.; appendicitis, int	Tubo-ovariotomy, d.; ventral suspension; appendicectomy	1	1	1			
Pyo-salpingitis, d.	Tubo-ovariotomy, r.; resection ovarii, l.; ventral suspension	1	1	1			
Pyo-salpingitis, d.; appendicitis, int.	Tubo-ovariotomy, d.; appendicectomy	5	5	5			
Pyo-salpingitis, d.; appendicitis int.	Tubo-ovariotomy, d.; ventral suspension.; appendicectomy.	5	5	5			
Pyo-salpingitis, d.; myoma uteri; appendicitis, int.	Tubo-ovariotomy, d.; myomectomy; ventral suspension; appendicectomy	1	1	1			
Pyo-salpingitis, l; appendicitis, int.	Tubo-ovariotomy, l.; ventral suspension; appendicectomy	2	2	2			
Pyo-salpingitis, r.; hydro-salpingitis, l.; metritis; appendicitis, int.	Abdominal hysterectomy; appendicectomy	1	1	1			
Salpingitis acute; cystomata ovarii, r.	Tubo-ovariotomy, r.	1	1	1			
Sclerosis ovarii, l.; myoma uteri; appendicitis, int.	Tubo-ovariotomy, l.; myomectomy; appendicectomy	1	1	1			
Tubercular peritonitis	Abdominal exploration, drainage	1	1		1		
Tuberculosis of mesenteric glands	Abdominal exploration, drainage	1	1				1
Tuberculosis of mesentery	Abdominal exploration; drainage	1	2		1		
	Total abdominal cases	251	254	234	4	1	12

Total number of abdominal cases	251
Total number of abdominal operations	254
Total number of deaths in abdominal cases	12
Percentage of deaths to number of operations in abdominal cases	4.73

Summary of General Surgical Cases

DIAGNOSIS	OPERATION	No. of Cases	No. of Operations	Cured	Improved	Not Improved	Died
Abortion	Curetting	10	10	10			
Abortion	No operation	1	0	1			
Abortion, septic	Curetting	1	1	1			
Abscess, cervical	Opened, curetted and drained	1	1	1			
Abscess, cocygeal	Opened, curretted and drained	1	1	1			
Abscess, mammary	Opened, curetted and drained	1	1	1			
Abscess of antrum	Opened, curetted and drained	1	1	1			
Abscess of axilla	Opened, curetted and drained	1	1	1			
Abscess, peri-rectal	Opened, curetted and drained	2	2	2			
Abscess, peri-renal	Opened, curetted and drained	1	1			1	
Abscess, post-auricular	Opened, curetted and drained	1	1	1			
Abscess, prostatic	Opened and drained	1	1				1
Adeno-carcinoma recti	Extirpation of rectum	1	2	1			
Adeno-fibroma mammae	Extirpation		1				
Adeno-fibroma mammae; dysmenorrhœa	Extirpation; curetting		2				
Adeno-fibroma mammae; hemorrhoids	Extirpation; proctorrhaphy	1	2	1			
Adenoids, post nasal	Adenectomy	4	4	4			
Adherent clitoris	Rupture of adhesions	1	1	1			
Ante-flexion uteri	Dilatation and curetting	1	1			1	
Appendicitis, acute	No operation	1	0	1			
Burn of leg, l.	No operation	1					1
Bursa of elbow, l.	Extirpation	1	1	1			
Bursa of wrist	Extirpation	2	2	2			
Carcinoma of bladder	No operation	1					1
Carcinoma of cervical glands	Extirpation	4	4	4			
Carcinoma of inguinal glands	Extirpation	1	1	1			
Carcinoma of intestines	No operation	1				1	
Carcinoma of leg	Amputation, high, of thigh	1	1	1			
Carcinoma of nose	Extirpation	1	1	1			
Carcinoma of penis	Amputation of penis	1	1	1			
Carcinoma of stomach	No operation	1				1	
Carcinoma of sub. maxillary glands	Extirpation	1	1	1			
Carcinoma mammæ	Extirpation	5	5	3			
Carcinoma mammæ	Extirpation with axillary glands	4	4	4			
Carcinoma mammæ; cicatrix of arm	Extirpation; skin grafting	1	2	1			
Carcinoma uteri	Curetting	2	2		2		
Cataract		1	1	1			
Cervical ademitis, suppurative	Opened, curetted and drained	5	5	5			
Cleft palate	Staphylorraphy	1	1		1		
Contraction of tendons, 4th and 5th fingers, r.	Open teutotomy	1	1		1		
Cyst of cheek	Extirpation	2	2	2			
Cystitis, chronic	No operation	1			1		
Cystocele; recto-cele; rupt. perineum	Ant. and post. colpowhaphy; perineorrhaphy	4	12	4			
Cystoma mammæ	Extirpation	2	2	2			
Cystoma mammæ	Extirpation, with axillary glands	1	1	1			
Enchoudroma, septum nasi	Partial turbinectomy	1	1	1			
Endocervicitis	Curetting	1	1	1			
Endometritis	Curetting	11	11	11			
Endometritis	No operation	1	1			1	
Endometritis; lac. cervix	Curetting; trachelorrhaphy	5	0	5			
Endometritis; lac cervix; rupt perineum	Curetting; trachelorrhaphy; perineorrhaphy	10	36	10			
Endometritis; lac. cervix; rupt. perineum; urethral carunele	Curetting; trachelorrhaphy; perineorrhaphy; extirpation	1	4	1			
Endometritis; lac. cervix; rupt. perineum; rectocele	Curetting; trachelorrhaphy; perineorrhaphy; post. colporrhaphy		4				
Endometritis; lac. cervix; rupt. perineum; cyst of vagina	Curetting; trachelorrhaphy; perineorrhaphy; extirpation	1	4	1			
Endometritis; rupt. perineum	Curetting; perineorrhaphy	1	2	1			
Epithelioma of face	Extirpation	1	1	1			
Epithelioma of nose	Extirpation	2	2	2			
Epulis	Extirpation	1	1	1			
Felon, 1st finger, r.	Incised	1	1	1			
Fibroma mammæ, l.	Extirpation	1	2	1			
Fistula in ano	Opened, excised and closed	1	1	1			
Fistula in ano; necrosis of cocyx	Opened, curetted and drained	1	1			1	
Fistula in recto	Opened, excised and closed	1	1	1			
Fracture of head of radius	Reduction and fixation	1	1			1	
Fracture of tibia and fibula, r., ununited	Resection of tibia; wiring	1	1	1			
Gangrene of toe, senile	Amputation of toe	1	1				1
Genu valgus, double; ant. bow leg. d.	Osteotomy, d.; osteotomy, d.	1	4	1			
Glaucoma	Irridectomy	1	1	1			
Glaucoma	Multiple sclerotomy	1	1	1			
Hair pin in bladder	Extraction through urethra	1	1	1			
Hemorrhoids	Proctorrhaphy	8	8	8			
Hemorrhoids; fissure ani	Proctorrhaphy; excision	3	3	3			
Hemorrhoids; fistula in ano	Proctorrhaphy; excision	1	2	1			
Hemorrhoids; rupt. perineum	Proctorrhaphy; perineorrhaphy	1	2	1			
Hemorrhoids; stenosis vaginæ	Proctorrhaphy; dilatation	1	2	1			
Hydrocele, l.	Extirpation of Sac	1	1	1			
Hydrocele, l.; varicocele, l.	Extirpation of sac; extirpation of veins	1	2	1			
Hypertrophied prostate	Prostatectomy	5	5	5			
Hypertrophied prostate; stone in bladder	Prostatectomy; perineal lithotomy	1	1	1			
Hypertrophy of tonsils; adenoids, p. n.	Tonsillotomy; adenectomy	8	24	8			
Lac. cervix; cystocele; rectocele; rupt. perineum	Trachelorrhaphy; ant. and post. colporrhaphy; perineorrhaphy	1	4	1			
Lac. cervix; rupt. perineum	Trachelorrhaphy; perineorrhaphy	2	4	2			
Lipoma of forehead	Extirpation	1	1	1			
Lipoma of neck	Extirpation	1	1	1			
Mastitis, chronic	Extirpation mammæ, with axillary glands	1	1	1			
Moveable semi-lunar cartilage, r.	Extirpation	1	1	1			
Myoma uteri	Vaginal myomectomy		1				
Myomata uteri	Curetting	2	2		2		
Myomata uteri; lac. cervix; rupt. perineum	Myomectomy; trachelorrhaphy; perineorrhaphy	1	3	1			
Naevus pigmented of forehead	Extirpation	1	1	1			
Necrosis of inf. maxilla	Opened, curetted and drained	2	2	1	1		
Neuralgia of inf. dental nerve	Neurectomy	1	1	1			
Neuro-fibroma of arm, l.	Extirpation	1	1	1			
No diagnosis	Examination under ether	3					3
Obstruction of urethra	Dilatation	1	1		1		
Osteo-myelitis of tibia; phimosis	Excision of bone; circumcision	1	2	1			
Osteo-sarcoma of femur	Exploratory incision for diagnosis	1	1				1
Phimosis	Circumcision	7	7	7			
Phimosis	Dilatation	2	2	2			
Polypus nasi	Extirpation	1	1	1			
Polypus uteri	Extirpation	3	3	3			
Polypus uteri; endometritis; rupt. perineum	Extirpation; curetting; perineorrhaphy	1	3	1			
Rectocele; rupt. perineum	Post. colporrhaphy; perineorrhaphy		4				
Sarcoma mammæ	Extirpation, w. axillary glands	1	1	1			
Section of tendo achilles, traumatic	Suture of tendon	1	1	1			
Sepsis of foot	Opened, curetted and drained	1	1	1			
Sepsis of thumb	Opened, curetted and drained	2	2	2			
Sinus, coccygeal	Opened, curetted and drained	1	1	1			
Sinus of abdominal wall	Opened, curetted and drained	3	3	3			
Sinus of back and loin	Opened, curetted and drained	2	2	2			
Sinus, sacral	Extirpation	1	1	1			
Stenosis os uteri	Dilatation	6	6	6			
Stenosis os uteri; endometritis	Dilatation; curetting	3	6	3			
Stenosis os uteri; hypertrophy of tonsils	Dilatation; tonsillotomy, d.	1	3	1			
Stenosis vaginæ	Dilatation	3	4		3		
Stone in bladder	Supra-pubic cystotomy	1	1	1			
Stricture ani	Dilatation	1	5	1			
Stricture urethræ	Dilatation	5	5	4	1		
Stricture urethræ; hemorrhoids	Dilatation; proctorrhaphy	1	2	1			
Supernumerary thumb, r.	Amputation	1	1	1			
Trauma of back	No operation	1		1			
Trauma of finger, septic	Opened and curetted	1	1	1			
Trauma of knee	No operation	2		1	1		
Trauma of scalp	Suture of scalp, skin grafting	1	3	1			
Tuberculosis of knee	Opened, curetted and drained	1	2		1		
Undescended testicle; phimosis	Extirpation; circumcision	1	2	1			
Varicocele, l.	Extirpation of veins	4	4	4			
Varicosis of leg	Extirpation of veins	1	1	1			
Wart on eyelid	Extirpation	1	1	1			
Wart on face; wen of back	Extirpation; extirpation		2				
Wen of cheek	Extirpation	1	1	1			
Wen of face	Extirpation	2	2	2			
	Total general surgical cases	240	339	210	20	6	4

Total number of general surgical cases	240
Total number of deaths	4
Percentage of deaths to number of cases	1.67
Total number of general surgical cases	240
Total number of abdominal cases	251
Total number of surgical cases	490
Total number of deaths	16

Percentage of deaths, 3.26 per cent., which is the surgical death rate of the Hospital up to Jan. 1, 1906. If two inoperable and hopeless cases, one of carcinoma of the bladder and one of a burn were excluded from this reckoning the true surgical death rate would be 2.85 per cent.

Summary of Medical Cases

DIAGNOSIS	REMARKS	No. of Cases	No. of Operations	Cured	Improved	Not Improved	Died
Bronchitis, acute		4		4			
Dogwood poisoning		1		1			
Entero-colitis		1		1			
Hydro-thorax		1			1		
Indigestion		1		1			
Menorrhagia		1		1			
Myomata uteri	Moribund when received at Hospital	1					1
Nephritis, acute		1			1		
Nephritis, chronic		1			1		
Neurasthenia		6			6		
No diagnosis		1				1	
Phthisis	Not treated	1			1		
Pneumonia		1		1			
Opium habit		1			1		
Sarcoma of larynx	Moribund when received at Hospital	1					1
Scarlet fever	Not treated	1			1		
Typhoid fever		1		1			
	Total medical cases	25	10	10	2	3	2

Summary of Maternity Cases

DIAGNOSIS	REMARKS	No. of Cases
Pregnancy, full term	Delivery	10
Pregnancy	Examination under an anesthetic	3
Pregnancy, 7th month	Miscarriage	1
Pregnancy	Not delivered	2
	Total maternity cases	16

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ORIGINAL COMMUNICATIONS.

BELLADONNA: A PRACTICAL STUDY.

P. W. SHEDD, M.D., NEW YORK.

Generals: In Belladonna we approach a colossal drug, gigantic, impetuous, terrible, and striking directly at the *ego* of man, the brain; not a slow-moving, ponderously irresistible force such as Calcarea, Silica, Sulphur, which often take their own good time in altering the microcosmos, but a force that sweeps on to victory or death with the delirious scream, the throbbing pulse, the wide eyes that see redly, and the sudden agony of a battle charge. Such is Belladonna when roused to full fury.

However, the drug would not be numbered among the great homœopathic polychrests, each of which is a volume in therapeutica, were its strenuosity the only side of its character. Belladonna is useful in varying conditions, and silence and apparent calm may mark the sufferer, but, a fundamental element in a Belladonna prescription will always be: *congestion*; characteristically, *cerebral congestion.*

Teste, who grouped drugs systematically, places in the Belladonna Group as analogues:

Agaricus, Lachesis, Cedron, Stramonium, Opium, Arnica, Clematis, Ruta, Tabacum, Aurum, Camphor, Cannabis Indica, Hyoscyamus, Bryonia, attributing to these drugs a special action upon the brain, or cortex. He remarks of Belladonna: "*Its power upon the organism is exactly proportionate to the degree of development and functional activity of the cerebrum.*" In accord with this law, herbivora and birds are least affected by Belladonna (pigeons not at all.) Idiots are practically immune to its effects.

Belladonna, in contrast to Aconite which acts directly upon the circulatory apparatus, affects first the nervous and then, indirectly, the vascular system, its action being centrifugal. Of the nerve centres the highest or brain, cortex, bulb, meninges, medulla are first involved; then the lower centres and the great sympathetic. Thus we find Belladonna pains proceeding from above downwards; in Gelsemium and Silica the pains travel up the cerebro-spinal axis. It congests and irritates neural tissue and exhibits the phenomena of disordered function; its neuritis, for example, is due not to a structural change in the nerve tissue but to an inflammatory irritation

Belladonna relaxes, physiologically, all sphincters, *e.g.*, the iris sphincters, paralyzing the endings of the third nerve, thus allowing the iris to dilate and destroying the power of accommodation.

It is rapid in action, forming one of the quintet, Aconite, Belladonna, Cuprum, Nux vomica, Zincum, which act quickly when indicated.

A characteristic toxic syndrome, which sketches roughly its homœopathic range is: "a dry mouth and fauces; difficult deglutition; constrictive spasms of mouth and fauces; mydriasis; loss of accommodation with obscured vision, optical illusions (phantasms), suffused eyes; ringing in the ears; numbness of the face; vertigo, delirium, scarlet eruption, sopor." *Hempel.*

It is suited to robust, plethoric, somewhat phlegmatic individuals, inclined to obesity, of a Falstaffian temperament, of a candid, open character and good cerebral development, who, when sick, are suddenly and exceedingly sick, the acute cerebral hyperemia being the irritable response of a vigorous nature to the disease (or drug) stimulus.

Calcarea carbonica is the chronic of Belladonna; often completes its action; and should be studied when Belladonna, though indicated, fails. Belladonna is the acute antidote, Calcarea carbonica the chronic antidote of Lachesis.

Atropine, the alkaloid, has more neural action than Belladonna. A hypodermic of Atropine antidotes the physiologic effect of opium, morphine, hydrocyanic acid.

Belladonna is a right-sided remedy, *but only characteristically so in subacute or chronic complaints, e.g.*, a recurrent right ovaritis or a recurrent right-sided angina with other Bella-

donna symptoms. In acute cases it is suitable to complaints (with Belladonna features) on either side of the body.

As Ferrum phosphoricum is frequently useful in cases much like Aconite but with the Aconite mentality, unrest, fear absent, so it is efficacious in syndromes much like Belladonna without the suddenness, extreme violence, rapid hard full pulse, and the primary cerebral congestion peculiar to Belladonna.

Its relation to other remedies may be grouped: (Boenninghausen)

Mind.

Hyoscyamus.—Lycopodium, Opium, Stramonium, Veratrum album.

Parts of Body and Organs.

Calcarea, Pulsatilla, Sulphur.—Bryonia, Hyoscyamus, Lycopodium, Nux vomica, Phosphorus, Sepia, Silica.

Sensations and Complaints. General and Particular.

Calcarea, Nux Vomica, Pulsatilla, Sepia, Sulphur.—Bryonia, Hyoscyamus, Lycopodium, Mercurius, Rhus.

Glandular.

Lycopodium, Mercurius, Phosphorus.—Arnica, Bryonia, Pulsatilla, Sulphur.

Bones.

Mercurius.—Calcarea, Pulsatilla.

Skin.

Mercurius, Pulsatilla, Rhus.—Arsenicum, Lycopodium, Sepia, Sulphur.

Sleep and Dreams.

Pulsatilla.—Hepar, Phosphorus, Sepia, Silica, Sulphur.

Fever.

Aconite, Nux Vomica, Pulsatilla.—Arsenic, Bryonia, Hyoscyamus, Mercurius, Rhus, Sulphur.

Modalites and Circumstances.

Bryonia, Pulsatilla, Sepia.—Calcarea, Chamomilla, Hyoscyamus, Nux vomica, Rhus, Sulphur.

Concordances.

Pulsatilla.—Bryonia, Calcarea, Hyoscyamus, Lycopodium, Mercurius, Phosphorus, Rhus, Sepia, Sulphur.

Fever: Belladonna is indicated in any fever, catarrhal or infectious (in typhoid with Belladonna symptoms, consider

Stramonium. Kent.) where the indications are:—Elevated temperature with evening rise; moist skin or skin so hot that it seems to burn the examining hand; great thirst; red face or alternately red and pale; headache, delirium. The head may be hot, the body and limbs cold (Arnica.) The temperature is high, commonly hot all the time, — no intercalated chills or chilliness. There may be congestion of blood to single parts.

Sleep: Insomnia with drowsiness; cerebral congestion. The higher potencies when the brain is overcharged with blood or actively congested; the lower when it is overpowered by the *intensity* of blood-pressure, iris widely dilated and convulsions threatened.

Skin: Eruptions of boils and pimples surrounded by a red areola, no suppuration.

Diffused, scarlet redness, burning and itching, restless, dilated iris, jerking of the head, worse from touch.

Humid eruptions, with burning, shooting pains on touching them.

Prophylactic and curative in scarlatina but only in the smooth, shiny Sydenham type. Hence its rejection by the old school as prophylactic, simply because of an inability to differentiate drugs. According to them Belladonna is either prophylactic or not prophylactic in *scarlet fever*, "any old kind." The therapy which differentiates between an Ailanthus, Apis, Arsenicum, Arum triphyllum, Belladonna, Bryonia, Cantharis, Crotalus horridus, Lachesis or Rhus scarlatina is past their comprehension.

Mind: There may be marked dullness, or delirum with dullness, or a merry, jocose delirium.

Active delirium, worse after sleep, with drowsiness. Thirst for small quantities of water often. Starts up suddenly; desires to get out of bed or into another bed.

Everything appears too large (Platina; everything else than her own haughty self appears too small.)

Children (or adults,) who when sick, have a disposition to knock the head against things, "to dash their brains out."

Head and Face: Vertigo with luminous vibrations before the eyes, especially when stooping or bending; with vanishing of sight and a tendency to fall leftwards or backwards.

Epileptic vertigo from rush of blood to the bead, with hot red face, buzzing in the ears, dim vision, loss of consciousness, worse in a warm room, better in the open air.

Pains sudden in coming and going but last indefinitely; often with stupefaction and vertigo; redness and swelling of the face; worse from light, noise, jar, contact; of catarrhal, gastric or rheumatic origin, especially in lymphatic subjects, cerebral congestion.

Congestive throbbing headache, better by semi-recumbent posture (Sanguinaria, better lying down.)

Facial erysipelas, the parts being red, hot, and hard.

Eye: At the beginning of inflammation, with dryness of the eyes, feeling of dryness and weight in the swollen lids; photophobia; headache; red face.

Eyes red, injected, ecchymosed.

Diplopia; sees objects inverted.

Acute strabismus with cerebral congestion (Lilium tig.)

Ear: Acute suppurative otitis with sticking in and behind the ear; pains boring, digging, tearing, often coming and going suddenly and extending to the throat, with ringing, buzzing, roaring. Membrana tympani congested but not changed in position. Whole head hot and pulsating, face red, photophobia.

Sudden severe earache in children, with red face and restlessness (30th. Cf. Pulsatilla.)

Nose: Coryza from getting the hair cut.

Teeth: Dentition; hot head, red tongue, gums inflamed, cold extremities; may have watery, mucous stools, sometimes greenish; on going to sleep the child "starts," throwing up its hands as if falling.

Throat: Dryness of the throat, viscid saliva, difficult deglutition (even with diseases not seated in this region.)

Superficial soreness, throat bright red, dry, swollen; feeling of lump or constriction in the throat; painful swallowing, especially of liquids; cervical glands tender and swollen. Swallowing often causes lachrymation and closing of the eyes.

Digestive tract: Craving for lemons, characteristic of Belladonna, which agree.

Tongue white with red edges and papillæ.

Violent spasmodic contractions in the esophagus (Belladonna, Cicuta, Ignatia) with expulsion of food; difficult and painful deglutition as if the parts were too narrow; every attempt to swallow renews the spasm; face flushed; iris dilated.

Especially indicated in troubles of the hypogastrium; clutching, griping pains, peritoneal involvement, great sensitiveness.

Clutching pains in the stomach and abdomen as if the parts were clutched firmly by a hand.

Intestinal occlusion, Belladonna reducing the inflammation of adjacent tissues. (Cf. Opium, Nux vomica, Plumbum.)

Stool whitish-yellow with little particles like tomato seeds in it.

Respiratory Tract: Troublesome night cough from violent tickling irritation in the larynx (Cf. Rumex, Phosphorus.)

Urinary Tract: Micturition difficult, guttatim, with frequent urging.

Constant dribbling (Petroleum), sphincter paralysis.

Enuresis with profuse sweat.

Enuresis (nocturnal only) in boys. (Pulsatilla, girls.)

Sexual Organs: Menstrual disorders in plethoric young women. Pelvic pressure downwards, spasmodic pains, stitching, sudden, pains in ovary and breast. Right ovary enlarged. Either ovary may be affected in an acute case.

Acute prolapsus uteri, uncomplicated, with great pressure downwards toward the vulva as if everything would protrude, with pain in the back as if it would break.

Pregnancy and Labor: Threatened abortion, especially in plethoric women who habitually abort; flow active, bright red, hot; sacral pain as if the back would break, and bearing-down in the pelvis as if everything would issue through the vulva. (Sabina similar, with pronounced labor pains, pains going from sacrum to pubes; the flow is in paroxysmal gushes. After the abortion China and Ipecac are more indicated.)

Labor, with rigid, hot, dry, hard, tender, undilatable os, or, spasmodic contraction of the cervix. Sudden pains, throbbing headache, photophobia, delirium.

In puerperal fever, though lying still and well covered, chills run down her body at intervals. If not delirious she is apt to be dull, stupid; drowsy, dreamy, yet sleeps poorly; a semi-wakeful condition.

Hour-glass contraction of the uterus (Cactus, Chamomilla.)

Uterus will not relax; circular fibers most affected.

Retention of the placenta, with cerebral symptoms, great anxiety and agitation.

Post-partum insanity with intense cerebral congestion, hot, red, bloated face, injected eyes, iris dilated, furious delirium, paroxysms of rage, biting, striking, kicking; insomnia or broken sleep; abdomen distended, painful; lochia offensive.

Modalities.

Worse at night, in bed.
Worse from movement, least jar.
Worse from light.
Worse after 3 P.M. or 3 A.M.
Worse from hair-cutting or exposure to draughts.
Better bending or turning the affected part.
Better in a semi-recumbent posture.

Bedside Observations.

Fear of imaginary things, wants to run from them.

Vertigo when stooping or when rising from stooping, falls leftwards or backwards, with vanishing of sight or flickering vision.

Cerebral Concussion: Belladonna is a sovereign remedy, prophylactic (*i.e.*, immediately after the injury, for the possible effects); especially useful in the secondary stage with excessive reaction, headache, flushed face, delirium.

Acute myelitis, with pains in the back, weakness; paralysis of ocular muscles, mydriasis; partial or general paralysis. Chronic case from retrocession of eruptions.

Vertigo rising from nape into occiput, with nausea.

Throbbing temporals and carotids, vertigo, noises in the ears flushed face, dilated iris.

Face either red and hot, or, very pale; one side or both sides swollen.

In cerebral hemorrhage Belladonna follows Aconite well; or when Aconite fails to relieve; head hot, eyes bloodshot, iris contracted, face flushed, carotid throbbing. Convulsive movements, when spontaneous.

Cerebral softening with fixed headache, drowsiness, vertigo, loss of memory, convulsions, local paralyses.

Orbital neuralgia, especially infraorbital, with red face and hot hands.

Congestion or inflammation of the optic nerve and retina, especially if with a cerebral congestion; aching pain in the eye and photophobia.

In dentition dry cough, restless at night, hot, thirsty moaning, quick rattling respiration, twitchings, convulsions.

Belladonna is useful in locomotor ataxia, particularly at the commencement of the disease; co-ordination feeble; when walking he raises the feet slowly and puts them down forcibly; trembling; weak, tottering gait; paralytic weakness

of all muscles especially of the feet; motor oculi paralyzed; fulgurating pains.

Fever in children from the presence of worms in the intestinal tract, with Belladonna cerebral and skin symptoms.

Mania: Acute, subacute or chronic, with cerebral congestion; constant tendency to move some part of the body, especially the hands; taciturn, particularly with strangers; worse in the afternoon, evening, at the approach of the catamenia; desire to bite, strike, run away; gay mania, a merry craziness; suicidal, wishes someone would kill him. Neuritis with almost unbearable pains, paroxysmal. Very sensitive to touch or to the weight of clothing, with sleeplessness; may be better by warmth.

Whooping cough at the beginning of the disease, especially where the attacks are chiefly nocturnal, begin with a sensation of discomfort in the epigastrium, with ecchymotic eyes, and ending in a sneezing fit. The cough is deep, rough, hollow, caused by tickling in the throat.

Sore throat, red, dry, hot, swollen; difficult deglutition, especially of fluids; cannot enunciate clearly; sensation of a lump in the throat inducing hawking; throat swollen externally and sensitive to the touch.

Abdomen tender, worse from least jar, as of bed, chair, or when walking.

Abdominal and pelvic pains appear suddenly, are violent; disappear suddenly.

Eclampsia with congestion of head and face, stupid expression, bulging eyes, constrictive sensation in the throat, opisthotonus.

Complaints from getting the head wet (Aconite: from getting the feet wet; Rhus: local complaints from getting the parts wet.)

Involuntary micturition; constant dribbling (Petroleum); paralysis of sphincters.

Pelvic pressure as if the contents would issue through the vulva.

Globular pulse; as if a shot passed under the fingers.

Violent beating of the heart, reverberating through the head.

Neuralgia with cutting, throbbing pains often extending into eye, temple, ear; especially on the right side of the face; worse in the afternoon and evening, from motion, light, noise.

Patient moves with unnatural rapidity and speaks quickly.

Sciatica: Severe lancinating pains coming on in the afternoon and evening; worse from the slightest touch but often better from steady pressure (China); worse from motion or mental excitement; better from warmth; after sweat; when erect or when letting the limb hang down.

Glottic spasm (laryngismus stridulus) with red face, great arterial excitement, cerebral congestion; paroxyms occur during the day or evening, excited by drinking.

Pain in the small of the back as if it would break.

Dystocia: Furious, changeable mood, face red, violent headache, eyes injected, dry, hot mouth and throat. The pains are strong and sudden, but stop before a really explusive action develops (30, 200.)

Drowsy, but cannot sleep.

Starts as in a fright when falling asleep.

Sweat on covered parts only (Chamomilla), or on covering parts ever so little, or, everywhere except on the head.

Delirium tremens, with visions of rats, mice; sees water running over the table and window panes; tries to extract a tooth; dry throat with difficult swallowing; cerebral congestion; thirst; restless, anxious, unsteady; trembling hands.

Spasms of all sphincter muscles: esophagus, os uteri, glottis, rectum; hour-glass contraction of the uterus.

Recent cases of epilepsy with Belladonna symptoms; convulsions begin in the upper limbs; clutches the throat during the fit.

Sunstroke with apoplectic or irritative symptoms such as coma, stertorous respiration, headache, vertigo, delirium, hyperesthesia to light, sound, etc.

Metritis from menstrual suppression, with burning pains high up in the vagina and a possible or probable peritoneal involvement. Depression, gastric symptoms, frequent urging to urinate with difficulty in passing the urine.

Cerebro-spinal meningitis with stupefying headache, worse in the occiput and extending to the neck. Pain in the neck, better by bending the head backwards. Special senses hyperesthetic; convulsive movements especially of the face and neck muscles, grinding of the teeth; upper body hot, extremities cold; iris dilated; delirium with or without coma; retention or incontinence of urine.

In coma Belladonna is one of the most reliable remedies for stupor from congestion; snoring respiration, dark red face,

dilated iris; drowsy yet cannot sleep; delirious sleep; eyes half open but not responsive to light. Paralysis of sphincters of bladder and anus with involuntary and unperceived discharge of urine and feces; may be caused by exposure, especally in rheumatic patients, or, as the result of mismanaged d sease, as in typhoid.

Puerperal mania, she fairly suffocates with rage, the face becomes fiery red, she strikes about and scratches, and goes into convulsions.

COMPARISONS.

Belladonna.	*Calcarea Carb.*
Dark hair, commonly. Muscles rigid.	Light hair, commonly. Muscles flabby.
Eruptions generally humid.	Eruptions generally dry.
Fears poisoning; apoplexy.	Fear of loss of reason.
Worse from sunheat.	Worse in snowy air (Calcarea phos.)
Predominantly better in wet weather.	Predominantly worse in wet weather
Belladonna.	*Gelsemium.*
Acts predominantly upon the cerebrum.	Acts predominantly upon the spinal cord, especially upon cranial nerves
Apoplexy.	Paralysis.
Pulse, quick, hard, "buck-shot" pulse.	Pulse slow and full, or, frequent and soft.
Complaints proceed from the head downward.	Complaints ascend the cerebro-spinal axis.
Apt to be thirsty.	Thirstless.
Delirium predominates.	Sopor, stupidity predominate.
Hot, red face, eves sparkling, asthenic fever.	Dull, dark-red face, eyes dull, asthenic (quiet) fever.
Belladonna.	*Hyoscyamus.*
Skin and muscles rigid.	Skin and muscles, lax.
When the pulse becomes slow it is full.	When the pulse slows, it weakens.
Ailments from mortification.	Ailments from grief or jealousy.
No sexual desire.	Excessive sexual desire.
Menses generally too soon.	Menses generally too late.
Aggravation 3, 4 P.M.	Symptoms worse in the evening (true also of Belladonna.)
Belladonna.	*Lachesis.*
Blood coagulates easily.	Blood incoagulable.
Dark hair, rigid muscles generally	Light hair, lax muscles, generally.
Pulse regular.	Pulse very unequal.
Menses too profuse and long.	Menses too scanty and short.
Worse in dry, cold weather.	Better in dry cold weather.
Better in damp warm air.	Worse in damp, warm air.
Throat very sensitive to touch.	Lachesis also.
Belladonna.	*Nux Vomica.*
Generally obese.	Generally thin, wiry.
Sweat increases during sleep.	Sweat decreased during sleep.
Worse from heat of sun.	Worse in snowy air.
Predominantly worse lying on the left side.	Predominantly better lying on the left side.
Commonly worse after sleep.	Worse after sleeping too long, or not enough (from being roused.)

Belladonna.	*Pulsatilla.*
Aversion to open air.	Desire for open air.
Ulcers with scanty discharge.	Ulcers with copious discharge.
Pulse predominantly strong.	Pulse predominantly weak.
Sweat all over body except head.	Sweat on head only.
Satiety of life with longing for death.	Satiety of life with fear of death.
Eyes protruding.	Eyes sunken.
Desire for milk.	Aversion to milk.
Menses too soon, profuse, long.	Menses too late, scanty, short.
Dry coryza.	Fluent coryza, especially right sided
Worse in dry weather.	Worse in wet weather.

Belladonna.	*Rhus.*
Aversion to motion.	Inclination to motion.
Pulse predominantly strong.	Pulse predominantly weak.
Urine oftener dark.	Urine pale.
Dry coryza.	Fluent coryza.
Worse in dry weather.	Worse in wet weather.

Belladonna.	*Stramonium.*
Brunette (?)	Blonde (?)
Obesity.	Emaciation.
Love of solitude.	Fear of solitude.
Drinks often, but little.	Drinks seldom, but much.
When pulse becomes slow it is full.	When pulse slows, it weakens.
Menses predominantly too soon.	Menses predominantly too late.

In Delirium.

Bell.	*Hyos.*	*Stram.*
Violent delirium.	Del., with obscenity.	Del., with hallucinations and terror.
Brain congestion; higher the fever, worse the delirium.	Brain congestion less marked; higher the fever, the less the delirium.	No cerebral congestion.
Malicious.	Suspicious.	Loquacious.
Sensitive to light, to noise.	Makes no complaints.	Worse from reflected light, as from a mirror or bright object.
Dilated iris, red face.	Dilated iris with dark red or cold face.	Dilated iris with pale face.

In Labor.

Belladonna: Rigid os. Patient twists and clenches the fists with each pain; red face. Bloodshot eyes; livid lips; hour-glass contraction (Cactus, Chamomilla.)

Chamomilla: Nervous hyperesthesia. Cannot bear the pain hour-glass contraction.

Cimicifuga: Violent backache; sharp pains going down to vulva; heavy downward pressure; cervix sensitive to examination.

Gelsemium: Abnormal activity of the abdominal muscles before the cervix is dilated. Acts on the uterine contraction (Cimicifuga acts more in allaying the pain.)

THE DYNAMIC POWER OF DRUGS.

BY DR. WALTER WESSELHOEFT, CAMBRIDGE, MASS.

The subject of the dynamic power of drugs has been so fully discussed on so many occasions from the earliest days of Homœopathy, that but little remains to be said, more especially since all the discussions have led to no agreement. The probability is strong that discussion never will lead to agreement on this subject, nevertheless it is of such vital importance to our very existence as a school or organization, within the great body of the profession, that each one of us according to his lights should take a distinct position on the question involved. The stand to be taken must be a purely practical one, one resting wholly on individual experience. It cannot in the nature of things be a scientific one because as yet science has given us no data of a sufficiently positive character to enable us to form a definite judgment. Science so far has advanced no farther than to make it certain that substances in a state of extreme attenuation are capable of causing distinct reactions in living organisms. On this subject so great and so determining, an amount of material has now been accumulated, that we cannot too often or too fully review the evidence it presents in favor of one of the main contentions of our school. We are bidden to do this constantly for the reason that on this point rests the chief objection — I should say the strongest prejudice—against our method and our principles. The average lay and professional mind is not yet trained or in any sense prepared to entertain the thought of curative or any other effects produced by infinitely minute quantities, therefore we must constantly reiterate that which is positively known on the subject in order to gain a position from which to reach a rational understanding. Such an understanding, I believe, may be reached by establishing *certain probabilities* even before we have it in our power to adduce positive proof and demonstration.

In support of such probabilities I will recall to your minds certain incontrovertible facts of which the profession is constantly losing sight, notwithstanding that advancing science is forever thrusting them on our attention. The wide field of radio-activity which is so germane to this subject I will leave to others to discuss. It offers the most convincing proof and demonstrable evidence of the effects of matter in inconceivably fine subdivision, but I prefer to confine myself

to certain physio-chemical phenomena or more general application to pharmaco-dynamics, inasmuch as they deal with substances in common use and not possessing attributes of a character so exclusive as the radio-active bodies.

All the circumstances bearing on the question of the effects of substances in varying degrees of concentration and subdivision have been studied exhaustively during the past fifteen years by professors Arndt and Schulz of the University of Greifswald. It was Arndt who first formulated what he denominated a fundamenta biological law: *viz.*, "strong irritants destroy vital processes, moderate ones favor them and minute ones arouse them to their highest activity." Hugo Schulz demonstrated the application of this law to pharmaco-therapy. For the purpose of proving the effects of extremely attenuated substances he made use of corrosive sublimate, studying its effects upon yeast cells, and found, as is well known, that in attenuation of 1:20,000 it checked and even destroyed the growth of these cells. Beyond this degree of attenuation a point was reached at which no effect was apparent, the growth of the cells remaining uninfluenced. But when the attenuation was carried to the degree of 1:500,000 and higher, the opposite of the first named observation was seen to take place; the yeast cells *grew or were proliferated much more actively than in the absence of the corrosive sublimate.*

The evidence afforded by these experiments — which, by the way, have been repeated within the last three years with precisely the same results — is supported by the researches of Loew into the action of Uranium salts. Loew found that these salts exerted a poisonous or destructive effect on the young plants of oats and peas, while in a dilution of 1:10,000— equal to the 4th x (decimal attenuation)— the growth of these plants was accelerated, as shown by extensive comparison with patches of plants not so treated. In the same way salts of Manganese exerted an unmistakeable inhibitory effect, in strong solution, on plant growth; while highly diluted they favored the growth.

Some recent and very interesting experiments along these same lines, by two French botanists, are worthy of mention. Already as early as 1875 Boehm in Germany had noted with surprise and recorded the fact that beans are readily made to germinate in spring-water, while they refuse to take on any action in distilled water. He believed this passiveness to be

owing to the absence of lime and other mineral constituents, but Dehérain and Demoussey, in France, by repeating and extending their researches discovered that the inaction observed in the distilled water was attributable to the presence of exceedingly minute traces of copper, derived from the copper vessels from which the water had been evaporated. When the same beans which had refused to germinate in this water were placed in distilled water, evaporated from glass vessels, they took on the normal action promptly, but again became passive if a copper coin was placed in the vessel. The same results were obtained by another French investigator, Mons. H. Coupin, from extensive experiments with the germinating process of wheat grains. He found that among all deleterious substances, copper acted most injuriously upon the growth of the rootlets, even in a dilution of 1:700,000,000; that is, in an attenuation corresponding to the 9th decimal of our dilutions. It will be seen, therefore, that in a most extreme state of attenuation copper is capable of exerting a distinctly poisonous effect upon plant organisms, and it is highly probable that in still higher solutions, as in the before-named experiments of Loew, the same metal would have been found to have a vitalizing or stimulating effect. However, we will content ourselves with the fact that a botanist free from all homœopathic taint, has proved the 9th homœopathic dilution to be not merely water or alcohol, but an active agent affecting organic processes.

The well-known experiments of Naegeli, the Swiss investigator, have led to similar conclusions in so unmistakable a manner as to influence the Agricultural Department at Washington in the direction of germicidal experiments for the purification of drinking water by highly attenuated copper solutions.

Among the most striking observations, however, are those upon the fecundation of the non-flowering or cryptogamous plants, such as ferns and mosses. This fecundation occurs as a rule in this manner — that female cells, ovular cells and male cells, *i.e.*, seminal cells are secreted by separate organs and disseminated broadcast, leaving it, apparently, to accident to unite the female and male cells for the formation of a new plant. But nature has wisely planned that mere accident alone shall not be instrumental in the propagation of these plants. On the contrary, she has contrived that the female

cells shall actually attract the male, as though by conscious intention. Keen botanical investigators have discovered that certain chemical substances possess the power of directly attracting the male spores toward the female, and proved conclusively that it is sugar in the germs of mosses and malic acid in those of ferns by which this attraction is exerted. These facts are easily demonstrated by the very pretty experiment of adding the male spores of mosses and ferns to a vessel with water, mixing them well together. Into this water are placed capillary tubes filled with highly diluted malic acid and others with like solutions of sugar. The germs are at once seen to be set in motion, swimming towards the glass tubes and into them, not one missing its goal. Strange to say, the fern spores tend with unfailing certainty towards the tubes with malic acid, while the moss spores turn towards the sugar tubes. And they find their way, be it noted, when the substances within the tubes are diluted to the degree of 1:100,000.

If we reflect that these extremely minute quantities of matter produce not only a marked, indeed we may say, an animated motion among the seminal cells, but also that by this means most complex processes are liberated within them — that is, something akin to a conscious perception of the direction from which the attraction emanates and what may be called an intentional motion towards the decoy or object of attraction — we cannot fail to be struck by the dynamic power residing in the particles of matter reduced to extreme subdivisions.

The effects of ammoniac phosphate on the leaves of the Drosera rotundifolia and other carnivorous plants, so fully studied by Darwin, and manifesting themselves in a dilution even of 1:20,000,000, are too well known to be repeated here.

But it is not in the vegetable kingdom alone that these phenomena have been demonstrated. Among those to be fitly mentioned here are the effects of highly attenuated solutions of poisons upon infusoria, shown in the experiments of Sand. This investigator found that arsenical solutions in the proportion of 1:1,000,000 destroyed the microscopic organism, and that solutions of 1:1 mill. retarded their multiplication. This, as you well know, takes place by simple partition or segmentation, a process which was markedly favored by an arsenical solution of 1:10,000,000. In the space of eight days

the water to which this solution had been added, contained more than twice as many infusoria as that from which it was absent.

Here again we have indubitable evidence of the validity of Arndt's law, the same which Schulz applied to pharmacodynamics, *viz.*, that large doses act destructively, moderate doses impair vitality, while the same substances in infinitely fine subdivision arouse vital action.

A further fact well worthy of consideration here is that brought forward by Behring in relation to the curative element in his antitoxin. He declares emphatically that the effective material in this serum is wholly unknown, the serum of horses inoculated having precisely the same chemical composition and behavior as that of horses not so treated: proof sufficient that the active constituent must be present in quantities beyond the reach of all our means of investigation.

I have taken these data mainly from Kroener's essay "On the Effects of Matter in most Minute Subdivision." Others are being daily added to swell the evidence they offer in favor of the homœopathic contention that medicinal substances in the highly attenuated form, are capable of producing demonstrable reactions in the animal organism both in health and disease — a contention which at this late day none here will refuse to accept, though not all are willing to draw practical conclusions from it.

I bring these matters forward here as one who has deliberately taken his stand on the ground of force inseparable from matter, and that no forces with which we deal in pharmacotherapy are other than physio-chemical, but bio-chemical in so far as they are largely unexplained, as yet, and bound to the phenomena of life. The facts I have mentioned drawn from scientific sources, wholly independent of homœopathic theory or experience, are nothing less than astounding from the point of view of those who refuse to give them the consideration they merit. If we familiarize ourselves with phenomena of this kind, search them out and place them in strong relief, in their proper relation, they will speedily lose their incredibility and prepare our minds for the acceptance of further facts of a like and allied nature, and for rational deductions from them.

To my mind — and I know that the opinion of one man cannot weight with another — to my mind, one of the most

salutary effects of familiarity with these scientific facts is this, that making them our own by thoughtful assimilation guards us against the danger of running into mysticism or all manner of vague hypotheses and unfounded assumptions.

If we see reactions liberated and processes inhibited or aroused to heightened activity by substances in a state of extreme attenuation, but yet within the limits of perceptible and calculable quantities, why should we feel the need of going beyond to realms of incalculable and wholly uncontrollable possibilities where all safe and scientific footing is abandoned? This safe and scientific footing circumscribes our thought and our therapeutic action if we hold to it. It does not preclude our advancement into the unknown, but it weighs down, as Bacon says, the pinions of the imagination, and insures the slower progress which alone has the character of certainty. So far as I am aware all arguments in favor of the application to therapeutics of substances attenuated to an inconceivable degree are derived from bedside experience. The arguments supporting the efficacy of Behring's antitoxin have their foundation in this source, since, as before said, we know absolutely nothing of the active principle in this serum. But that this source is a turbid and too often a delusive one no physician who has lived and observed long enough to emancipate himself from mere medical beliefs or the subjection to the authority of schools or leaders, will venture to deny.

This question is a wide, and as yet, perhaps, a purely academic one. Much is to be said on both sides of it. But it has a definite bearing on the future of our materia medica. It is open to discussion as it has been for close upon a century. But discussion alone can never lead us out of its inherent uncertainties. I hold, therefore, with those who as early as 1837 placed themselves, with but one dissenting voice, in direct opposition to Hahnemann's arbitrary dictum that the 30th potency constitutes an absolute raising of drug-power, capable of demonstrating positively the efficacy of homœopathic medication.

The discussion of the question of a dynamic force separable from drug matter must not be allowed to influence unduly the acceptance of the fundamental principle of Homœopathy which, in point of fact, is independent of it. The secondary questions growing out of this principle or of the discussion of attenuations can reach a definite settlement by one course

alone, that of clinical observation and experience, not in the hands of individual men, but in those of trained bodies of men with ample hospital facilities. The reoganization, therefore, of our hospitals with one great purpose, that of instituting long series of experiments with minute and accurate records, seems now the only course by which to realize the meaning and intent of the motto on the seal of this Society, the words surrounding the head of Hahnemann: "He strove for a more certain method of healing."

CLINICAL DIAGNOSIS OF PANCREATITIS AND MALIGNANT DISEASES OF THE PANCREAS.*

BY JOHN PRESTON SUTHERLAND, M.D., BOSTON, MASS.

Clinical diagnosis, (*i.e.*, the bedside diagnosis) of pancreatitis, like the diagnosis of most other conditions is dependent upon subjective and objective signs.

Subjective symptoms, having to do with the patient's own experiences, sensations and observations, are contained in the history of the case.

The objective signs, revealed as they are by palpation, percussion, auscultation, inspection, blood examination, urinary analysis, examination of fæces, are so few, and are so feebly pathognomonic that but little time will be occupied by me in presenting them to you.

The clinical diagnosis of pancreatic diseases is so enveloped with difficulties that the clinician usually finds it necessary to seek the assistance of the surgeon, so that the diagnosis becomes "surgical" or "operative" rather than technically "clinical".

The inaccessibility of the pancreas is a feature of great importance in making difficult the diagnosis of pancreatic diseases. It lies, as you will recollect, transversely across the vertebral column, in close organic association with some important viscera, and many very important blood vessels.

The anatomical relations of the pancreas doubtless influence its physiology as well as its pathology, and it may not be amiss at this time briefly to recall the more important of these relations. The most important, doubtless, is its close connection with the duodenum, the union being so close that considerable dissection is required to separate them. Any-

*Read before the Boston Homœpathic Medical Society.

thing tending to dislocate the duodenum to any extent must surely have a disturbing influence upon the pancreatic duct, and through the duct, on the gland itself.

The pancreas is retro-peritoneal, only a portion of its surface being actually covered by the peritoneum. Parallel with its long axis is attached the transverse mesocolon, and this attachment is such that unusual movements of the transverse-colon are more or less communicated to the pancreas, although to a less extent than is the case with movements of the duodenum. The left renal and splenic relationships of the pancreas, although interesting from a purely anatomical standpoint, are quite insignificant pathologically, and diagnostically. In front of the pancreas, separated from it by the gastric bursa, (or lesser sac of the peritoneum) is to be found the stomach itself, which relationship is of no great importance except that whether partially or fully distended, the stomach intervenes between the abdominal wall and the pancreas so as to increase the difficulty of palpating the latter organ. The peculiar relations of the pancreas in its retro-peritoneal position are the blood vessels: for the pancreas is closely associated with the aorta, lying on its anterior surface between the cœliac axis and the superior mesenteric, lying also in very close contact with the splenic artery. It lies in close contact with the vena cava, crossing its anterior surface, and is in close relationship not only with the splenic, superior and inferior mesenteric veins, but with the origin of the portal vein. Its own special blood supply need not be more than referred to. Like all glandular organs its blood supply is very generous.

A relation of very marked significance is the union of the pancreatic duct with the ductus communis choledochus. Both ducts are lined by mucous membrane, which is directly continuous with that lining the duodenum, and it has often struck me as curious that while we hear not a little about duodenal inflammations blocking and interfering with the ductus communis, we hear practically nothing about similar inflammations affecting in any way the pancreas or its duct. And yet it is a fact that pancreatitis mostly arises in consequence of extension of a gastro-duodenal inflammation along the pancreatic duct.

My personal experience with cases of pancreatitis has not been extensive enough to warrant my speaking authoritatively

concerning its diagnosis. Consultation of recognized text-books by such authorities as Pepper, Da Costa, Hare, Musser, Bartholow, Osler, Vierordt, Bartlett, does not result in finding a clearly differentiated picture of the disease, as the differential tables show. The tabular view presents the list of symptoms of pancreatitis, and conditions which closely resemble it.

Allow me to call your attention to the complex of symptoms known as pancreatitis:—

1. Sudden severe pain in upper abdomen, radiating to back.
2. Nausea and vomiting, vomiting never stercoraceous; much straining with vomiting of watery fluid with little relief.
3. Pulse full, hard and tense.
4. Tense abdominal walls.
5. Restlessness.
6. Precordial anxiety.
7. Pallor and syncope.
8. Rapid development of collapse.
9. No meteorism though epigastrium may be tympanitic.
10. Possibly a tumor.
11. Flatus can usually be passed and bowels opened by enema.
12. Sometimes fever.

A condition most closely resembling pancreatitis is presented by intestinal obstruction. Indeed a diagnosis of intestinal obstruction is usually made of cases of pancreatitis. The symptoms are:—

1. Sudden and severe, agonizing, colicky pains in abdomen, first intermittent, then continuous.
2. Nausea; vomiting, gastric, bilious then stercoraceous, incessant and most distressing.
3. Pulse small and rapid.
4. Abdomen distended, slightly painful on pressure; tympanitic.
5. Visible peristalsis.
6. Borborygmus.
7. Constipation.
8. No passage of flatus.
9. Sometimes a tumor.
10. Great restlessness.
11. Symptoms of collapse.
12. Tongue dry, great thirst.
13. Sometimes fever.
14. Quickened respiration.
15. Urine scanty and suppressed.

Perforative peritonitis offers a combination of symptoms which is suggestive of pancreatitis, but there is always a cause for the perforation, and this may prove an important differential point.

There are other conditions which should always be thought of when pain is present in the abdomen. These are appendicitis and the colics.

The following points are perhaps worthy of emphasizing:

Pancreatitis is more acute than intestinal obstruction, but less so than appendicitis, renal or hepatic colic.

In pancreatitis vomiting is never stercoraceous, and bowels can be opened by enema.

In pancreatitis, if tumor be present, it is less mobile than such tumors of the pylorus, liver, omentum, or intestines as are likely to be located in the epigastric or umbilical regions.

The most common cause of epigastric tumor is cancer of the stomach, and a useful diagnostic sign is mobility of the tumor which is synchronous with respiratory movements. These respiratory excursions are not made by pancreatic tumors, on account of its vascular attachments.

It is a consolation, perhaps, that so few of the recorded cases have been diagnosed clinically as pancreatitis. Operative and post mortem diagnoses do not reflect a dazzling lustre on the clinician, and the latter certainly are not of great value to the patient.

I have intentionally not specified malignant diseases of the pancreas, as such conditions are essentially chronic and offer longer periods of investigation and study than are present in the acute inflammatory disorders. To attempt to differentiate pancreatic malignant diseases from those of the stomach, liver and duodenum would call for more time than I feel justified in occupying now.

The Results of Curettement in the Treatment of Dysmenorrhea. — Holden has obtained the post-operative histories of ninety-five persons on whom curettement was performed for painful menstruation. Four classes are made:

1. Complete or very great relief for one year or more. 32 cases, or 33 per cent. of the total number come into this division, some having had eight, nine, or ten years elapse since the operation.

2. Seven per cent. obtained great relief for two years or more, but with subsequent occurrence of the attacks.

3. In eight per cent. of the cases moderate relief was noted for a year or more.

4. The fourth class contains 50 per cent. of the entire number and includes those who either obtained no relief, or merely a very little for a short time.

It seems probable that those individuals in whom the pain appears several days prior to the menstrual flow, are the most unfavorable subjects for curettement, while the prognosis is much better in those who have the pains come on the same day as the flow. Wherever the pelvic organs are poorly developed the outlook for the patient for cure by curettement is not very good.—*American Medicine*, Nov. 4, 1905.

Dr. W. J. Mayo gave at the annual meeting of the New York Medical Association his results in the radical removal of the cancer of the stomach. In eighty-one resections there was a mortality of 14 per cent. One patient was living after nearly five years; seven or eight had lived three or four years with very few or no symptoms. All medical treatment gives a mortality of 100 per cent., so if surgery will cure some cases, and prolong the comfort and life of others, it is well worth trying.—*Medical Record, Nov.* 4. 1905.

SURGERY OF THE PANCREAS.*

BY J. EMMONS BRIGGS, BOSTON, MASS.

"For the purpose of operation the pancreas may be approached through a median abdominal incision made between the ensiform cartilage and the umbilicus. After opening the peritoneal cavity, it can be reached in five ways:

1. *Above the Stomach.* In thin persons, with prolapse of the stomach, after incising the gastro-hepatic omentum.

2. *Through the Stomach.* After incising both the anterior and posterior stomach wall.

3. *Below the Stomach.* This is the route chosen by the majority of operators. The omentum immediately below the greater curvature is torn through, thus entering the lesser peritoneal cavity.

4. *Through the Transverse Mesocolon.* The omentum and transverse colon are turned upward, the former incised and the lesser sac entered.

5. *Incising the Peritoneum to Right of Duodenum,* and slipping the second part of the duodenum upward toward the median line.

The pancreas may be reached through an incision in the left loin, commencing at the tip of the twelfth rib and extending obliquely forward to the umbilicus."†

In an operation upon the pancreas, we must remember that we have to deal with an organ in itself of the highest functional importance, as it supplies the most important digestive juice.

The blood supply to the pancreas comes by way of the splenic, pancreatico-duodenal branches of the hepatic and the superior mesenteric arteries. These vessels ramify in all directions in entering the gland, and cannot be avoided whenever incision into the organ is attempted. The free bleeding which is encountered is exceedingly difficult to control, as the ligature in mass of the friable gland tissue usually results in the cutting through of the ligature and augmentation of the bleeding. It is useless to attempt the ligation of the individual vessels, as the bleeding is parenchymatous.

A second danger lies in the escape of the pancreatic juice whenever the gland is injured. An outpouring of the pancreatic fluid causes fat necrosis and a digestion of structures

*Read before the Boston Homœopathic Medical Society, Dec. 7, 1905.
†Abdominal Operations—Moynihan's, p. 593.

with which the juice comes in contact. After operating for acutely septic abdominal conditions, we rely upon the rapidly forming plastic exudations and adhesions to wall off septic areas, and thus prevent general peritoneal invasion. In case of escape of pancreatic fluid, these plastic exudations and new adhesions are rapidly attacked and destroyed, thus greatly favoring general sepsis.

The pancreatic fluid probably does not in itself prove fatal by absorption, but, acting indirectly by its irritation, prepares a nutrient medium upon which septic bacteria subsist and multiply.

Thus it will be seen that hemorrhage and the escape of pancreatic juice are both serious complications to be encountered in the surgery of this organ.

Acute Pancreatitis: Perhaps there is no intra-abdominal disease which is more serious than acute pancreatitis. Certainly there is none which, from the symptoms it occasions, is more difficult to diagnose.

The pathology of acute pancreatitis is characterized by inflammation, hemorrhage, fat necrosis, suppuration and gangrene.

The inflammation is due to bacterial infection, usually *via* the pancreatic duct. Gall stones impacted in the common duct are active factors in the production of pancreatitis, either by ulceration and perforation or by occlusion of the duodenal opening, which would permit of infected bile invading the duct of Wirsung. A calculus, when lodged near the orifice of the common duct, may also obstruct the pancreatic duct. It is not difficult to understand how such an obstruction, with an existing sepsis, would be followed by a rapid phlegmonous inflammation of the entire pancreas, which would very rapidly convert that organ into a gangrenous mass.

In the hemorrhagic stage of acute pancreatitis, that organ is often much enlarged, soft, and of a dark reddish-brown color. Occasionally, no discoloration is discernible, but, on section of the gland, we find the interlobular spaces filled with bloody accumulations. The duct and its ramifications contain blood and ichorous fluid. The hemorrhagic infiltration may extend into the mesentery and meso-colon, and become disseminated into the peritoneal cavity. The presence of this blood-stained peritoneal fluid is often the first intimation which the surgeon may have of pancreatitis.

Another condition found in cœliotomy, which should immediately direct the surgeon's attention to the pancreas, is the area of fatty necrosis to be found in widely disseminated areas upon the omentum, mesentery and subperitoneal fat. Langerhans demonstrated that these necrotic areas consisted of a combination of fatty acids with lime salts. He claims that the primary lesion of the pancreas offers opportunity for the escape of the fat-splitting ferment from the organ into the surrounding tissue, resulting in secondary fat necrosis. Although its cause may still be somewhat obscure, yet we find areas of fat necrosis in the majority of cases of hemorrhagic, and almost always in gangrenous pancreatitis.

The symptoms of acute pancreatitis are those of epigastric peritonitis. Fitz asserts that:

"Acute pancreatitis is to be suspected when a previously healthy person, who suffers from occasional attacks of indigestion, is suddenly seized with violent pain in the epigastrium, followed by vomiting and collapse, and in the course of twenty-four hours has a circumscribed epigastric swelling, tympanitic in resistance, with slight rise in temperature."

Great difficulty may be experienced in differentiating acute pancreatitis from acute intestinal obstruction, perforating gastric or duodenal ulcer.

The case of our lamented colleague, Dr. William Woods, may be cited as conveying a very clear picture of this rapidly fatal disease. I quote from a report of this case as presented by Dr. F. P. Batchelder at a meeting of the Massachusetts Homœopathic Medical Society, but have taken the liberty of abbreviating slightly.

"The patient, Dr. William Woods, aged sixty-two, a 'life member' of our Society, was taken ill soon after midnight of Monday, May 27, 1901." "Previous History:"

"At regular intervals extending over several years, he had suffered from short but very acute attacks of epigastric pain which he termed 'indigestion,' since they were apt to appear suddenly after an abundant meal. His general health has otherwise been good." . "Present Illiness."

"Last evening, (May 26, 1901) he partook of ice cream, etc. . . . Before midnight he did not sleep well and had some distress which he referred to the stomach. . . . After midnight the pain became suddenly excruciating, with much protracted vomiting, moderate diarrhœa and great flatulence

with some distension. . . . I found him in bed, in a state of profound collapse, with cold extremities and forehead covered with clammy perspiration, great pallor of face, weak and somewhat rapid pulse, and subnormal temperature. He complained of excruciating epigastric pain at a point two or three inches above the umbilicus, and a little to the left of the median line. Examination of the abdomen showed some distension, tenderness in the painful area and a vague resistance covering an oval spot perhaps three or four inches in diameter. With all haste the patient was removed in the ambulance to the Massachusetts Homœopathic Hospital, where, as soon as was possible, he was seen by Dr. James B. Bell, the surgeon on duty, and four or five other members of the medical and surgical staff. The concensus of opinion was that an obscure abdominal condition was present, in all probability acute intestinal obstruction. . . . Dr. Bell made an exploratory incision. The colon and adjacent two feet of the ileum were apparently normal. The ileum for ten or more feet above that point, was abnormally dark in color with some distension of the mesenteric vessels. Several ecchymotic spots were found upon the mesentery. No indication of acute intestinal obstruction was present. The wound was closed. The examination was well borne by the patient.

The subsequent course of the case was characterized by temporary relief from pain, more or less continued vomiting, somewhat increased abdominal distension, some elevation of temperature and pulse, cold livid extremities and great 'air hunger.' Death occurred at 4.30 A.M. June 1, 1900, about ninety-six hours after the first symptom.

Autopsy. The following extract from the record of Dr. Watters is very instructive. With the lapse of time between exploratory incision and the fatal termination, the pathological process had progressed to a point where its true nature was unmistakeable.

"Incision from sternum to pubes. Wound in good condition. Omentum and mesentery very fatty and studded with small round or oval yellowish-white masses about 2 m.m. in diameter, fat necrosis. Slight inflammation of the peritoneum which is soft and easily torn. Congestion most marked in jejunum, appendix normal. A large clot of blood was found near the splenic flexure of the colon. A large gall stone was

present in the gall bladder. The duodenum, transverse colon and pancreas were involved in an hemorrhagic mass. . . . In the center was the pancreas widely infiltrated with blood. The hemorrhagic mass extended out between the peritoneal layers of mesentery and omentum."

To illustrate how many of the so-called characteristic symptoms of acute pancreatitis may be absent, and yet the disease exist and progress to a fatal termination without even suspecting the true diagnosis, I will cite the history of the only case of hemorrhagic pancreatitis which it has been my lot to observe.

On June 15, 1903, Dr. Chas. H. Thomas, of Cambridge, called me in consultation to see with him a man, fifty years of age, who had previously enjoyed average health. On June 13, Mr. H. was seized with very severe pain in the right groin and penis, extending into the scrotum, with pain and irritation in passing urine. The right testicle was retracted, and pressure on the right kidney elicited pain.

On the day following (June 14) he had attacks of nausea and vomiting, with paroxysmal returns of pain before mentioned. Sample of urine was obtained and showed, upon examination, albumin and blood. During the evening pain seemed to localize in the region of the appendix. At 6 P.M. pain suddenly ceased. June 15, at 4 A.M., pain reappeared with increasing violence, accompanied by vomiting, great restlessness and nervousness. Temperature had ranged from normal to 99 1-5.

In view of the symptoms above enumerated, it seemed to us to be some renal complication, possibly a renal calculus. To support this diagnosis, he had sudden onset of pain, soreness in region of kidney, pain in penis and testicle, nausea and vomiting, and finally blood and albumin in the urine.

On the day following (June 16) the patient died, and Dr. Wm. H. Watters was called to perform an autopsy, which revealed an acute hemorrhagic pancreatitis.

Introduction and Dose of Diphtheria Antitoxin.—In many of the more severe cases of diphtheria, intravenous injection of antitoxin is advised, thus insuring a more prompt and curative action of the serum. It produces no serious after affects, and even arrests the post-diptheritic paralysis. Large doses of the antitoxin, 5,000 to 15,000 units by subcutaneous or even by intra-venous inoculation in the severe cases, can be used with safety and beneficial results.—*Suber. Hygiea, Stockholm.*

CANCER OF THE PANCREAS. A CASE.*

BY J. B. BELL, M.D., BOSTON, MASS.

The following case may illustrate the obscurity of this disease, both as to the history, symptoms, and physical signs.

Mr. S., sixty-eight years of age, a gentleman whom I had known for many years, was usually in the enjoyment of excellent health. For the last ten years or more, he had been doing business in New York, but spending Sundays at his home in Boston. On Dec, 24, 1904, he called at my office for relief from a moderate abdominal pain which he had had off and on for a short time. The pain was not at all severe, and was only occasionally present, and seemed to be due to some error of diet. He was feeling well otherwise. He called again Jan. 2, and the pain still continued and had disturbed his rest somewhat, but his appetite and digestion were good and he was attending to business as usual. His pulse was rather quick, about 100, but as he was on his way to the train there was not time for a physical examination. He was so much better after that, although not wholly relieved, that he did not call again for about six weeks, on Feb. 13. His pulse at that time was rapid, but there was no rise of temperature. Examination revealed a firm, smooth, solid mass occupying the left lumbar region, extending about as far forward as the anterior superior spinious process, and the ends of the short ribs. With fingers applied over the back of the mass, motion was transmitted forward to fingers placed over its front. There was no tenderness, and the mass did not move with any change of position. The abdomen seemed somewhat doughy, but there was nothing else definite apparent.

The pain was always in the lower part of the cavity, at or below the navel, but sometimes extended upward. Appetite, digestion and bowels normal, and so continued. Dr. Watters reported the urine as "not pathologic." There was considerable loss of flesh and strength. I believed the tumor to be malignant and probably a sarcoma of the left kidney. Dr. Maurice Richardson, who saw the case with me, two weeks later, agreed in the diagnosis. The doughy conditions in the abdomen had somewhat increased at that time, and we believed there was secondary involvement in the abdominal

*The report herewith presented is part of a paper on "Clinical History of Pancreatitis and Malignant Diseases of the Pancreas" read by Dr. Bell before the Boston Homœopathic Medical Society, Dec. 7, 1905.

cavity. At no time was an operation considered advisable. Dr. Max Einhorn of New York saw him with me on March 6, (at the request of his son, who lives in New York) and he agreed as to the malignancy, but thought the disease was in the descending colon, with secondary developments, and some enlargement of the liver. He held this opinion, in spite of the facts, that the growth, which had somewhat increased, was perfectly smooth and solid, and that at no time had there been any symptoms of obstruction, or even constipation. The pain had not increased, and was often quite mild, and appetite and digestion remained good. There was no fat in the stools. The patient died comfortably March 15. Dr. Robert Souther made an autopsy and found cancer of the pancreas, with much enlargement and massing together of the mesenteric glands, enlarged liver, and greatly enlarged spleen, and this was the lumbar tumor. Dr. Watters pronounced the pancreatic growth carcinoma. The whole gland seemed to be involved. The splenic tumor was a simple hypertrophy.

I may remark incidentally that the case seemed to respond at all times to the carefully selected homœopathic remedy to the relief of the pain, restlessness and other symptoms of discomfort.

We also put in an X-ray apparatus shortly before his death, and Dr. Loring used it faithfully, but with no obvious result.

Hemophilia: Pathology and Serum Therapy.—Weil explains the pathology of hemophilia by asserting that the inability of the blood to coagulate is not due to any anti-coagulating body, but to the absence of something normally present in the blood. Normal serum, when added to such blood, clots in the usual manner, and in addition causes normal coagulation of hemophilic blood. Serum from the lower animals, when introduced into the veins of a "bleeder" hastens clotting in a surprising way. In a given case blood was taken from the arm and showed no indication of clotting for nearly half an hour. 15 c.c. of beef blood was introduced by intra-venous injection. Blood taken from the same location as before then clotted in about five minutes. No permanent effects were noted, the time of the coagulation gradually increasing till it reached thirty minutes within two weeks. By this process the person is entirely passive, and the phenomenon is only temporary. It can be repeated again and again with good results, and should prove very beneficial in certain cases where teeth are to be extracted, or when a surgical operation is to be performed. The effect is most complete from the third to the seventh or eighth day, when it slowly disappears. Too large inoculations retard coagulation instead of hastening it.—*La Presse Medicale.*

PANCREATITIS HEMORRHAGICA: A CASE CURED.*

BY HENRY E. SPALDING, M.D., BOSTON.

It not infrequently happens in a physician's experience that one case of unusual character is soon followed by another. This was my experience during the spring service of 1901, in the Massachusetts Homœopathic Hospital.

May 27, Dr Batchelder brought to the hospital as his private patient, Dr. W— and courteously asked me to watch the case with him. The symptoms pointed to acute intestinal obstruction, and the case was so urgent as to demand immediate exploratory laparotomy, which was done a few hours later. The details of the case I will not go into, as it has already been reported by Dr. Batchelder. The patient died June 1, and the autopsy showed pancreatitis hemorrhagica.

The second case entered the hospital ten days after the death of the first.

Mrs. B.—, aged fifty-nine. Family history: Father died of 'liver troubles;" mother of consumption; two brothers of "disease of the stomach;" one sister of consumption, and one of heart disease. One sister and a brother living.

Past history: As a child healthy, but after marriage not as well. Had seven children, and each childbirth left her weaker than before. Two miscarriages, at which times was very ill. Menses ceased at fifty.

Present illness: In the early spring began to have distress after eating, which was relieved by vomiting. The attacks have increased in frequency and are sometimes brought on by eating a very small quantity of food. Increasing emaciation, sallowness of skin, tongue coated, bowels regular, headache, excessive rigidity of muscles on right side of spine. Area of liver dullness slightly increased; one rib over liver more prominent than the others.

The washings of the stomach revealed no sign of malignant disease. Two samples of urine were normal, except for an increase of indican. This was interpreted to indicate either cancer of the liver or intestinal obstruction. In the case of Dr. W— an excess of indican was noted.

Under hospital care, and symptomatic medication, she seemed to improve. June 14 she ceased vomiting food. June 17, no nausea or pain; hungry; slept well.

*Read before the Boston Homœopathic Medical Society, Dec. 7, 1905.

She seemed to be gaining steadily until June 22, when she began to have distress and pain in epigastrium and constant nausea, finally vomiting. Flatulence.

June 23. Pain intense; vomiting gives no relief. Vomitus dark brown fluid. (This was the character of the vomitus in case of Dr. W—.) During the day pain and vomiting increased. One or two teaspoonsfuls of liquid would be immediately ejected. A low enema and two high gave no results except a little mucus streaked with blood.

June 24. No sleep. Constant nausea and trying to vomit. At 3 A.M. vomited dark brown fluid. Raising and expelling gas. Increased dullness below the liver. High enema without results. Much soreness and distention of the abdomen. Pulse 84 to 104., temp., 98 4-5 to 100. Rectal feeding every four hours. Growing very weak.

Other members of the staff were called in council and exploratory laparotomy decided upon.

June 25. Transferred to surgical side and operated upon by Dr. Bell.

Median incision above the umbilicus. Upon examination the stomach and pylorus seemed in normal condition, gall-bladder full but no stones. Intestines somewhat congested. Large intestine (transverse colon) filled with fæcal matter. The pancreas could not be felt. Spleen normal in size and no obstruction of bowels that could be located. Upon the mesentery near the greater curvature of stomach, especially behind that organ and on omentum, there were found small grey yellowish spots of fatty necrosis and some slight hemorrhagic areas.

Wound c osed with c. g. chromicized and chrom. c. g. stay sutures.

It was proved that there was no intestinal obstruction and no cancerous disease. The numerous particles of disseminated fat necroses and the hemorrhagic areas, together with the history of the case, pointed unmistakeably to pancreatitis hemorrhagica. The pancreas was not exposed, for the patient's condition was so very critical it was feared that prolonged exploratory efforts might cause immediate death.

The friends were notified that only a fatal result could be expected, and that soon.

Dr. Bell courteously asked me to continue in medical charge of the case, and Dr. Smith on entering the council July 1,

made the same request, which accounts for her being under my care during her stay in the hospital.

For several days after the operation the distress, almost constant nausea and vomiting of dark brown fluid continued. Fortunately the nutritive enemas given every few hours were well retained.

The fifth day began frequent discharges from the bowels and the rectal feeding was discontinued. At the same time the stomach became more tolerant of food, so that she could take four to six teaspoonfuls of albumen water or brandy, and cereal milk. The stools were slimy and usually involuntary. On the tenth day after the operation the bowels were under control, she was taking two to four ounces of nourishment every two hours, and was practically free from pain, but very weak. During this time her pulse was weak, but did not go above 120 and, excepting when there was a small wound abscess, the temperature was below 101°.

She continued to improve daily until she left the hospital July 21, in well-established convalescence. I prescribed for her by mail until her complete recovery, and I have heard from her at frequent intervals since. She has had no return of the trouble.

The remedy I gave her after the operation and continued without interruption, except for three or four doses of morphine for post-operation pains, was arsenicum, and I believe we may justly give to that the credit of the cure.

In a somewhat extensive review of the literature on the subject, the only cure I find reported is in the *Philadelphia Medical Journal*, April 1, 1899.

Musser says to the American Medical Association that "poly-pharmacy and excessive drugging are both contrary to the modern medical practice." (What has brought about this result if not homœopathy?)

Therapeutics of Whooping Cough.—If any one citadel remains more easily accessible to the homœopath than another, it is whooping cough. Many cases treated by allopaths when given homœopathic medicines, speedily improve. The drugs most frequently useful are drosera and ipecac, with belladonna for the troublesome night cough. By such treatment the duration of the disease is reduced to three or four weeks, and its severity much decreased. In a severe village epidemic, those children receiving homœopathic treatment recovered more easily and sooner than did any of the others. Several interesting cases are given illustrating the superiority of this method.—*Roche, Journal of the British Homœopathic Society*, Oct., 1905.

REPORT OF THREE CASES OF PANCREATITIS.*

BY CHAS. H. THOMAS, M.D., CAMBRIDGE, MASS.

My experience in treating pancreatic diseases, has been limited to three cases that I am positive of ; how many more and likewise incorrectly diagnosed, it is impossible to say.

Of these three cases, only one — the first — presented clear cut, uncomplicated symptoms, such as epigastric pain, nausea, vomiting, collapse with slight fever. This case terminated fatally in less than forty-eight hours. The other two were very obscure, and a correct diagnosis was made only after an autopsy. In the second one the pain extended down the right side and back, from the region of the kidney to the hypogastrium. There were no nausea or vomiting; the urine was very scanty, and contained blood. The pain came on in paroxysms and was very intense; the collapse appeared on the fourth day. The autopsy showed hemorrhagic pancreatitis.

In the third case there was pain on the right side, back, groin, testicle, and penis. It was sharp, cutting in character and came on suddenly and left as suddenly; there was no fever; the urine was almost suppressed and contained blood. Later in the day there were nausea and vomiting in addition to the above symptoms. The next day the patient felt better, having slept six hours, the pain had nearly stopped in the morning, but left a sore place over the right kidney, the temperature was normal, pulse, 100, strong and good. In the evening the symptoms all returned with increased intensity. A consultation with a surgeon was held the next morning and the diagnosis previously made of renal calculus was confirmed. At 5 P.M. the patient had a convulsion and expired. The result of the autopsy is as follows:

The body is that of a well developed man, apparently about sixty years old. It was frozen when the examination took place.

The Abdominal Cavity: — Upon opening the abdominal cavity about a pint of blood-stained serum was found. The intestines are moderately distended; no signs of peritonitis are present. The appendix is normal but bound down by a few adhesions.

Pleural Cavity:—Pleural adhesions are present upon the right side and have entirely obliterated the entire left pleural cavity.

*Read before the Boston Homœpathic Medical Society, Dec. 7, 1905.

Heart:—Somewhat hypertrophied, especially the left ventricular walls; the valves appear normal.

Lungs:—In both lower lobes is a slighthy postatic congestion. Both are crepitant throughout.

Liver:—Apparently normal.

Spleen:— Firm, dark red and small.

Pancreas:—Involving and surrounding the entire organ is a large amount of clotted blood. This is not only present within the tissues of the pancreas itself, but has infiltrated the surrounding tissues beneath the peritoneum from the upper end of the right kidney to the upper end of the left, extending upwards behind the stomach and dissecting down between the peritoneal layers of the great omentum to a distance of several centimeters below the transverse colon. Upon cutting into this bloody mass (which would probably represent two quarts of blood) the pancreas appears merely as small shreds of tissue lying without very much apparent continuity.

Kidneys:—Both kidneys are somewhat decreased in size. The capsules are slightly adherent and the cortex in each is slightly diminished in thickness. In the right kidney is found a cyst two centimeters in diameter filled with a clear fluid material. In the pelvis of each kidney is a considerable amount of clotted blood. The renal substance, however, does not appear congested, no signs of an acute nephritis being present. No calculi are found in the pelvis of the kidneys, ureters or bladder. The right ureter, however, appears somewhat congested. The bladder is small, the walls are firm, apparently no pronounced inflammation exists.

Prostrate gland not enlarged.

Microscopic examination:—

Liver apparently normal.

Pancreas:—Surrounding and infiltrating the lobules of the organ is a large amount of free blood; the cells forming the glands are, in some cases, in a process of degeneration. No increase of fibrous tissue is apparent.

Kidney:—Surrounding some of the blood vessels and a few glomeruli is an increased amount of fibrous tissue, which in one or two instances has entirely replaced the substance of the glomeruli. Some of the tubules contain hyaline casts.

Diagnosis:—Acute Hemorrhagic Pancreatitis; chronic interstitial nephritis; chronic pleuritis.

It is interesting in these cases to note the difference as well

as the similiarity in the symptoms:—the pain in the right side, the bloody urine, the absence of nausea in one, and its presence in two, the time of the collapse, which appeared late in the attacks. These patients had heretofore considered themselves as unusually healthy persons, having had very little illness. The attack in all the cases was very sudden.

In connection with the closing of the Lewis and Clark Exposition in Portland, Oregon, and the return of its specimens to Boston University School of Medicine, a letter has been received by the Dean, from which the following quotations are made:

"I trust that you will find the exhibit in as good condition as can be expected when it is considered that for nearly two years they have been subjected to very constant inspection, and during that time have made long journeys across the continent. . . . The fact that Massachusetts has been awarded the largest number of highest awards of any states, along educational lines, makes it highly desirable that every effort should be made to preserve this work in as perfect a manner as possible. . . . The medals are now being prepared for disposal, and I expect them before Jan. 1. As soon as received I will forward them to you.

Very respectfully yours.

Wilson H. Fairbank,
Executive Commissioner."

It certainly speaks well for the care that the exhibits have received, to find that after repeated packing and unpacking of scores of delicate glass tubes, bottles, etc., for a journey of several thousand miles, only four of the entire number were found broken when the cases were opened in the laboratory.

The report of the librarian of the Boston University School of Medicine, for November, 1905, shows that there have been 244 volumes taken from the library by those to whom the books are accessible. This shows a decided increase over the corresponding month of the preceding year, when the number of volumes borrowed was 156.

These numbers do not include those books or magazines used in the reading or reference rooms.

A thing well worth remembering is the fact that all physicians, whether alumni of the school or not, have free access to the Library and reading room of the Boston University School of Medicine. Here, under the skillful guidance of Dr. Lovering, has been collected and arranged a large number of the most recent books, together with a large collection of older and standard publications. The current numbers of all the American homœopathic journals, and many of the allopathic ones as well, are placed on the tables in the reading room, and files for past years are in most cases preserved. Almost all the original articles, from which abstracts are made from month to month in another part of the Gazette, will be found there by those who may wish to obtain more details than can well be included in a short summary. The librarian will be present to offer every facility to such persons, or to any one wishing to consult these references, either for preparation of papers or for general information.

A special library of pathology and its allied subjects, comprising several hundred volumes, journals and reprints, is situated in the pathological laboratory, and is also open to the profession for reference and investigation. The general medical library is open from 11 A.M. to 3 P.M., and the pathological library from about 9 A.M. to 6 P.M.

EDITORIAL.

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Reports of Societies and Personal Items should be sent in by the 15th of the month previous to the one in which they are to appear. Reprints will be furnished at cost and should be ordered of the Business Manager before published, if possible.

IN REMINISCENCE.

Probably the majority of the present-day readers of the Gazette are not acquainted with the story of its origin and early days. The factors which called it into existence, the mission it had to accomplish, the influence it has exerted, are matters of history with which the younger members of the profession are unfamiliar, unless through special association or reading these things have been brought to their attention. An institution which has lead an honorable and useful life covering forty years has shown a satisfactory measure of vitality, and doubtless has had experiences which are worth recalling. As the Gazette enters upon its fifth decade it may be granted the privilege of taking at least a cursory view of its past before taking up the tasks of the present, or laying special plans for the future. In an era as crowded as is the present, any time spent in reminiscences is by many considered lost; but many of the problems of the present are simply inherited from the past, and it may be claimed that the prognoses of the to-morrows very frequently are dependent upon the etiologies of the yesterdays. There is still no opportunity for the study of pure drug-pathogenesy, or for the study of homœopathic principles or therapeutics, or for recording the achievements of homœopathic physicians save through the

medium of publications devoted to the cause. There is no method of spreading broadcast a knowledge of the simplicity and efficacy of the law of similars, or of demonstrating the superiority of a definite therapeutic principle over the teaching of an erratic empiricism save through the medium devoted to that purpose. The reformation inaugurated by Hahnemann was more comprehensive than is generally thought. It included a scientific method of studying drug pathogenesy, and of utilizing the knowledge thus obtained in accordance with a definite therapeutic formula; — a reaction against polypharmacy and heroic posology; the recognition of the importance of dietetic and psychic influences in the production of morbid conditions, and in the treatment of the same. When it is generally acknowledged that the only satisfactory way of studying drug pathogenesy is by experimenting with drugs on the healthy human subject; — when it is universally acknowledged that the therapeutic law of similars is of service palliatively and curatively in suitable cases; — when an hereditary and illogical polypharmacy shall have been laid low; — when "die milde macht ist gross" shall be looked upon as worthy of consideration; — when humanity shall have become receptive of dietetic, psychic and hygienic truths; — then and then only can it be claimed that the GAZETTE's mission is accomplished.

The first volume of the GAZETTE claimed to be a "monthly journal of homœopathic medicine, surgery, and the collateral sciences," a field broad enough to satisfy even the modern liberal-minded physician. Perhaps of this volume it may not be amiss to call to mind the fact that on Oct. 11, 1865, at the semi-annual meeting of the Massachusetts Homœopathic Medical Society, Dr. J. E. Linnell of Worcester in making his presidential address first suggested that the "literature of our profession" should receive increased attention; that "homœopathic literature has increased both in value and amount; . . . that a permanent fund must be established for prizes for essays on medical topics;. . . . that a New England Homœ-

opathic Medical College should be established," and so forth. The address with its recommendations was referred to the executive committee for consideration, and at the following meeting of the Society in April, 1866, Dr. Talbot reporting for the committee said, "The committee had carefully examined the various suggestions proposed therein, but were prepared to report on one of these only at this time. The committee considered it important that there should be published in New England a journal supporting homœopathy. This had been accomplished by the establishment of the NEW ENGLAND MEDICAL GAZETTE. This is placed upon a permanent basis by an association pledged to its support." . . . When this report was made to the Society, three numbers of the GAZETTE had already appeared. The first volume of the GAZETTE was under the editorship of Dr. H. C. Angell, New England's homœopathic pioneer in ophthalmology, his work on diseases of the eye being the first of its sort written, and a favorite text-book in our medical schools for years. Dr. Angell is still living, although long since retired from active professional work.

The second and third volumes were edited by Dr. Angell and Dr. Talbot, who, unassisted, edited the fourth and fifth volumes published in 1869 and 1870. Dr. Wm. Tod Helmuth, for many years homœopathy's "surgeon laureate," assisted Dr. Talbot in editing the volume issued in 1871, but Dr. Talbot without associate edited volumes seven and eight, which were published in 1872-3. Dr. C. F. Nichols held the editorial pen for one year. The tenth volume was edited by Dr. Walter Wesselhoeft with the assistance of Dr. Charles G. Brooks, one of the early promotors of the Hughes Medical Club, and long since deceased. In 1876 Dr. Wesselhoeft had asassistants Drs. H. A. Chase, and John L. Coffin, who together edited the volumes for 1877–8, when Dr. H. C. Clapp assumed the responsibilities of editor and guided the interests of the GAZETTE during the three years, 1879–80–81. During 1882–3 the editorial work of the GAZETTE was in charge of a group of

the younger members of the profession, with Dr. Talbot as director; one member of the group being held responsible for one number, the members of the group taking regular turns as editors. The meetings of this little association will be remembered as particularly interesting, instructive, and inspiring, and as among the pleasant experiences of professional life. That group has been broken up by the death of its director, and Drs. Stackpole and Jackson; but the other members are still active and in the performance of their professional duties. After two years' training in that group the present editor-in-chief assumed the editorial responsibilities, and for fourteen years, until 1898, occupied the editorial chair. Since 1898 Drs. Coffin and Wesselhoeft, singly and together, and Dr. Lovering, have performed the editorial functions. With the present issue, the editor once more salutes his colleagues, officially, and brings a New Year's greeting, and takes advantage of the opportunity to express the hope that during the year he may receive the same courteous assistance, encouragement and coöperation that have so many times in past years helped him to perform his duties.

It may interest our readers to recall the fact that as contributors to the first volume of the GAZETTE, a twenty-four page number, were Dr. Okie of Providence, whose name is still a cherished household word in Rhode Island; Dr. Henry B. Clarke, the staunch and true, of New Bedford; Dr. Samuel Gregg, the pioneer of New England homœopathy, and Dr. Conrad Wesselhoeft, inimitable, critical, earnest, methodical even in those early days of '66. During that memorable first year articles were contributed by the scholarly Carroll Dunham, Constantine Hering of materia medica fame, by E. M. Hale, the noted author and teacher, by Gallinger, since senator from New Hampshire, by deGersdorff, W. F. Jackson, Hedenberg, J. H. Woodbury, David Thayer, and others;—names worthy to place in our professional hall of fame. It was to this first volume also that Dr. Talbot contributed his famous article on tracheotomy.

During its subsequent issues homœopathy's most noted scholars, therapeutists and surgeons have contributed to its pages. Names to conjure by! Hughes, T. F. Allen, J. P. Dake have utilized its pages. Many other names might be recalled, the mere mention of which would be a stimulation and encouragement to continuous and effective work.

During a long series of years, 1873–1904, the entire financial responsibilities of the GAZETTE were carried by Messrs. Otis Clapp and Son. The recent incorporation of the GAZETTE disconnects it with projects and institutions with whose interests it has the close affiliations of a professional family; and places it upon an independent basis, from which it will have the privilege of passing an impartial judgment upon these same projects and institutions.

The GAZETTE in the past has been intimately connected with the growth and development of dispensary, medical school, hospitals, and societies in Massachusetts, and other parts of New England. Its aspiration is to continue in close affiliation with all the public and private institutions and associations, especially in all parts of New England, over which the banner of similia floats.

A SCIENTIFIC USE FOR THE BIOGRAPH.

DR. WALTER G. CHASE's brilliantly successful experiments with medico-biographic photography, are of very great immediate interest and significance to the medical profession, and of still greater future promise. Some years ago, it occurred to Dr. Chase, while watching the "moving pictures," then a popular novelty, that their *modus operandi* might be utilized in the interests of medical science. Being of those, too rare on the American side of things, who finding the practice of medicine neither a congenial occupation nor a business necessity, yet elect to dedicate their working life to its purely scientific interests, Dr. Chase entered on the painstaking and original labors to which this note refers. After making exhaustive studies, with the American Biograph Company, in the making of the continuous moving picture, and

providing himself with the necessary outfit, Dr. Chase secured permission to make his residence, for a time, in one of the large epileptic colonies in France; and there with infinite pains and patience made biographic studies of epilepsy in its various manifestations. By the aid of these, it is now possible for the practitioner or the student to thoroughly familiarize himself at will, with the phenomena of epilepsy, once among the rarest of clinical opportunities. A valuable feature of these studies is that the motion pictures can be arrested at will, in any point of their course; thus making it possible to secure prolonged observation of any single feature. Dr. Chase has also made in this country similar studies of pathological gaits and motions.

Already this immensely valuable work of Dr. Chase's has set in train like work of great significance. It has been discovered that by the combination of the biograph with the skiagraph, gastro-intestinal peristaltic motions can be vividly and impressively demonstrated.

It is possible, too, that by biographical processes, the necessity of vivisection may be reduced to a minimum; a single experiment being thus susceptible of indefinite duplication, and with no further sacrifice of animal life. Such an effort, originating in the medical profession, and carried to successful issue, would outweigh in value a thousand verbal denials of the callousness of that profession to animal sacrifice and suffering. The possibilties opened up by Dr. Chase's experiments are, as a moment's thought will prove, practically innumerable. The thanks not only of the medical profession, but of humanity at large, are due the experimenter.

ETIOLOGY OF SYPHILIS.

So frequently does the physician come into contact with that most forbidding of all diseases, syphilis, that anything new concerning it should be of interest to all. For years investigators the world over have searched for some micro-organism that might bear an etiologic relation to the disease. That some such organism existed was considered probable ever since the modern era of bacteriology began.

Many different structures have from time to time been discovered, and claimed to be the cause of syphilis. Of these

probably Lustgarten's "bacillus of syphilis," first described by him in 1884, is the best known. This has been given space in text-books of bacteriology till the present day.

Last spring still a new form was described by Hoffmann and Schaudinn which gives greater promise of solving the problem than have any others preceding it. It has been temporarily named spirochæte pallida. In size it varies from four to ten micra long, and from five-tenths micra wide to unmeasurable thinness. The shape is a delicate spiral, with from four to twelve curves ending in sharp points.

A reason why no one found it before, lies in the fact that the ordinary stains have no effect upon the organism, it being demonstrated only by special, complicated methods. The discoverers demonstrated it in the primary chancre, the accompanying enlarged inguinal glands, and the condylomata. They also obtained uniformly negative results with all non-syphilitic lesions of the genitals and associated parts.

Metchnikoff and Roux have confirmed these observations, and many others, both in Europe and America now bear similar corroborative testimony. The study has merely begun, and no one can tell how it will end. It is to be hoped that practical results will soon be obtained, possibly in the form of some serum or other curative product.

EVIL EFFECTS OF SUNLIGHT.

Sunlight, innocently hitherto supposed by us to be the source and chief maintenance of life; the best of disinfectants; a potent germ-killer; a cheerful and inspiring influence; the one thing we cannot do without: holding high spiritual correspondence to what is good and honest, as note our proverbial saying, "as honest as daylight;" — sunlight will now have another meaning for us, if we credit the statements of Major C. E. Woodruff, Surgeon, U.S.A. — embodied in his book, "The Effects of Tropical Light on White Men."

Major Woodruff advances the theory that blond and intelligent races are injured by too much light; that blonds disappear when they migrate Southward; that the intellectual races that have settled in Egypt have died out, and their civilizations have decayed; that in seven generations the climate of Greece destroyed its blonds; that we have too

much sunshine in the United States; and that none of the races that have come to this country can fail to deteriorate in living here, with the sole exception of the Jews. Major Woodruff further insists that bright light is unsettling to nerve stability and moral conduct in those whose skin possesses too little pigment; and makes the startling claim that, "A very bright day in Pennsylvania may be so comforting to a negro, by satisfying his light hunger, as to give him a sense of well-being, under which he behaves himself; while a very blond man — an albino — would be goaded into an irritated state, in which he loses control of his emotions and normal inhibition, and commits abnormal acts."

It would be exceedingly interesting to ascertain how far the records of criminal courts confirm these radical assertions. Thus, our cherished beliefs are shattered! Let us draw some comfort therefrom, on the next bright sunshiny day when we find ourselves moved to lose our temper and be guilty of language "unbecoming a physician and a gentleman," by reflecting that we are only partially responsible for our behavior, since there lay upon us the evil spell of sunshine!

TUBERCULOSIS EXHIBIT.

By the time this edition of the GAZETTE reaches its readers, the Massachusetts Tuberculosis Exhibition in Horticultural Hall will be in progress. Somewhat similar to the recent New York demonstration it is planned to make it even more generally instructive than was that one.

The New York board of health and similar boards of Massachusetts and Boston, have prepared a large number of charts and material illustrative of their work, particularly that among the poor.

The Massachusetts Sanatorium at Rutland, together with the one located at Saranac Lake and other smaller institutions demonstrate the hygienic and sanitary measures used in the treatment of tuberculosis.

Harvard University and Boston University will loan collections of specimens, cultures, photographs, etc., illustrative of the pathologic and bacteriologic questions involved. The hall, located at the corner of Huntington and Massachusetts Avenues, is open for ten days, from 10 A.M. till 10 P.M., begin-

ning Dec. 28. A large corps of demonstraters and guides, mostly students from Harvard, Boston University, and Tufts, are in constant attendance to explain the various features. Illustrated lectures will be given daily by Drs. W. T. Councilman, H. C. Ernst and others upon various phases of the disease. Thousands of invitations have been issued to physicians, nurses, employers, employees, etc. The admission is absolutely free to all, and it is hoped that everyone will attend and learn just what tuberculosis is; how it is transmitted, how guarded against, and what methods are now employed to prevent and stop its ravages.

THE PASSING OF DR. JOSEPH W. HAYWARD.

Since there are a few human lives that come so near the ideal of perfection, it seems to me befitting, if not a duty, to speak in love and admiration of our beloved brother, friend, and colleague, Dr. Joseph W. Hayward.

It was my privilege to know Dr. Hayward since a boy of eighteen. I knew him as a teacher, I knew him as a friend and I knew him as a father and elder brother. Living in his family, living in his immediate neighborhood, and working for him as an employee, there is hardly an association conceivable between man and man which we have not had the pleasure of experiencing. I look back over these years of my acquaintance and life with him, feeling profoundly cognizant of the fact that they were golden hours, each filled with the choicest of human gems.

Dr. Hayward was pre-eminently a gentleman in every sense of the word; and to be a gentleman during the years of trial which beset everybody requires courage and convictions that are strong. If he was convinced that a thing was right, he possessed the fearless courage to act according to his belief. He had a wholesome "scorn for the prison, rack, and rod," but when "a true thought sought expression," he was ever ready to "speak and leave the rest to God."

He was a thorough, good doctor, naturally endowed with the rare characteristics which go to make up a good physician. He had a keen insight into human nature and a clear, active, and concise appreciation of disease. As a homœopath, there are few who were his superior. Therefore, we saw in him these three great characteristics: first, a true gentleman; second, a good doctor; and third, an able homœopath.

In conversation one day he said, "All the benediction I desire is 'He was a good doctor.'"

"Such was our friend, formed on the good old plan,
A true and brave and downright honest man.
Loathing pretense, he did with cheerful will
What others talked of while their hands were still;
His daily prayer, far better understood
In acts, than words, was simply doing good
So calm, so constant was his recitude
That by his loss alone we know his worth,
And feel how true a man has walked with us on earth."

WALDO H. STONE, M D

SOCIETY REPORTS.

BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

Business Session.

The regular meeting of the Boston Homœopathic Medical Society was held in the hall of the Boston Society of Natural History, Thursday evening, Dec. 7, 1905, at 7.45 o'clock. the president, J. Herbert Moore, M.D., in the chair.

The records of the last meeting were read and approved.

Dr. Samuel L. Eaton of Newton Highlands was proposed for membership.

Dr. D. A. Babcock was elected to membership.

The following resolutions were unanimously adopted:

Whereas, It has pleased an over-ruling Providence to remove from our midst our colleague, Dr. J. W. Hayward, of Taunton, Mass. Be it

Resolved, That in his death this Society has lost one of its most loyal and honored members.

Resolved, That while we deplore his loss as a friend and brother physician, and feel that the vacancy will be almost impossible to fill, we cannot but feel proud of the record he has left behind him. Unusually gifted as physician and surgeon, his entire professional life was one of self-sacrifice without other thought than that of duty. No sweeter eulogy shall be written of any man.

Resolved, That a copy of these resolutions be sent to his family, to whom we extend our sincerest sympathy.

(Signed) J. L. Coffin,
F. W. Halsey,
G. E. Earl.

Scientific Session.

PROGRAM.

1. "Physiology of the Pancreas." Frederick P. Batchelder, M.D.
2. "Pathology of Pancreatitis and Malignant Disease of the Pancreas." William H. Watters, M.D.
3. "Clinical History of Pancreatitis and Malignant Disease of the Pancreas." James B. Bell, M.D.
4. "Clinical Diagnosis of Pancreatitis and Malignant Disease of the Pancreas." John P. Sutherland, M.D.
5. "Surgery of the Pancreas." J. Emmons Briggs, M.D.
6. Presentation of reports of clinical cases by the above essayists, and Drs. H. E. Spalding, Charles H. Thomas, and N. H. Houghton.

DISCUSSION.

Dr. Bell: It might seem that we have not received as much light surgically on this subject as we might. It is painfully evident that if the case of Dr. Woods could have had Dr. Watters' diagnosis first, we might have had Dr. Woods with us to-day. We might be asked, why was not the diagnosis completed at the time of the operation and the operation made, possibly, a curative one. One reason was because the case occurred a year earlier than Dr. Batchelder mentioned, in 1900 instead of 1901, and in 1900 few of us knew very much about pancreatitis. In fact, the first paper published on that was in May, 1903, in the *Annals of Surgery*, by Mikulicz. In Warren, published in 1900, there is no operation advised; in Bryant, published in 1901, no operation is even mentioned for acute pancreatitis. The same is true of Esmarch, published in 1901. In fact it was not until the publication of Moynihan this fall that any well established procedure was advised or even suggested.

The best method probably is that which consists in drainage through the gall-bladder. It may also be proper and wise to make incisions in the pancreas, but there is great danger in that case from hemorrhage and from the escape of the pancreatic secretions into the abdomen. All this in spite of packing and drainage. In Dr. Woods' case the incision was made below the umbilicus because there were more signs of obstruction than pancreatic inflammation. During the operation, no signs of fat necrosis were seen. I believe that in Dr. Woods' case, if we had drained the gall-bladder he might have recovered.

Dr. William Wesselhœft: I can recall some years ago being called in consultation in a case which was very obscure but presented symptoms which we made up our minds probably meant appendicitis. This case was that of a very stout, elderly woman taken suddenly with violent pains and general tenderness in the abdomen. Excluding everything else we considered the case one of appendicitis. An incision was made and enlarged as the appendix was found not abnormal; nothing further was discovered than patches of fat necroses. At the time I knew nothing of pancreatitis (it was seven or eight years ago), and she died. No autopsy was made, but in hearing of and seeing these cases later, this fat necrosis came back to my mind as being present in that case.

Dr. Packard: I think it has struck everyone who has listened to the cases reported that the prominent feature has been failure of diagnosis. I believe that this is bound to be the case in the majority of instances, because of the obscurity of the symptoms. Diagnosis will usually be made by ante-mortem or post-mortem examination. I have pondered on the matter a great deal in the recent past, since pancreatitis has been before us prominently, as to whether there is anything in the list of symptoms usually available that may be a guide to us in diagnosis. There is time in chronic pancreatitis to analyze symptoms, but there is not much time in acute pancreatitis. It is something that comes on with amazing rapidity. A person is well one day and almost dead the next. Profound collapse comes very early, subnormal temperature, weak, thready pulse, and cold perspiration. It is sooner than in any mishap except internal hemorrhage in tubal pregnancy. In the next twelve hours or less there is a reaction and the temperature rises above normal and the pulse becomes appreciable.

Where these symptoms persist with other symptoms which have been mentioned, I believe we have the strongest evidence of pancreatitis. I do not know any other diseases of the abdomen that have those symptoms. In all others collapse is the final condition. It is almost the first in acute pancreatitis.

As to surgical treatment, the outlook is not hopeful except in suppurative pancreatitis. A pancreatic abscess should be opened and drained. In acute hemorrhagic pancreatitis, by the time the surgeon reaches the case it is usually too late to do any good. The function of the pancreas is destroyed and operation only hurries the patient's end. Drainage of the gall bladder is a doubtful expedient and can be of service only when the natural outlet of the bile is obstructed by stone in the ampulla of Vater, evidence of which will be apparent long before by the development of icterus. The predominance of biliary symptoms, even then, are likely to lead to error in diagnosis. In the absence of icterus I cannot look upon drainage of the gall bladder as a rational procedure for the relief of pancreatitis.

Dr. Moore: I have in mind a case occuring in a woman sixty-five years of age, who came down sick first with a progressive jaundice. The other prominent condition about this woman was an increasing loss of strength and a suggestion of a tumor in

the abdomen, a few inches above the umbilicus. The severe jaundice and loss of strength were the two chief features. Dr. Shattuck was called in consultation, and his diagnosis was malignant disease of the head of the pancreas. He ad vised exploratory incision and it was made by Dr. Boothby, and the diagnosis was verified. The wound was closed up and showing the very hemorrhagic tendency in all these diseases of the pancreas, although the pancreas was irritated as little as possible the patient died that night from internal hemorrhage

Where we find a progressive jaundice fast increasing and can find no evidence of gallstone or any condition of the gall bladder or gall ducts to account for it, it is suggestive of malignant disease of the pancreas in which the head is involved, thus obstructing the lumen of the common duct.

MASSACHUSETTS SURGICAL AND GYNÆCOLOGICAL SOCIETY.

The sixty-fifth session and twenty-ninth annual meeting of the Massachusetts Surgical and Gynæcological Society was held at the Copley Square Hotel, Boston, on Dec. 13, 1905. The President, Dr. James B. Bell, called the meeting to order at 3.50 o'clock P.M. The routine business was transacted, and the election committee reported the following officers for the ensuing year:

President, Dr. T. Morris Strong.
Vice Presidents, Drs. George H. Earl and Jane S. Devereaux.
General Secretary, Dr. Frederick W. Colburn.
Associate Secretary, Dr. Herbert D. Boyd.
Treasurer, Dr. Isabel G. Weston.
Auditor, Dr. Edgar A. Fisher.
Censors, Drs. Orren B. Sanders, Waldo H. Stone, David W. Wells.

Following the Business Session, the Bureau of Gynæcology, Dr. William F. Wesselhœft, chairman, presented the following program:

1. The Surgery of the Prostate: American and European Methods Compared. Horace Packard, M.D.
2. Value of Blood Examination in Pelvic and Abdominal Conditions. William H. Watters, M.D.

3. Dangers in Curetting the Uterus. Thomas E. Chandler, M.D.

4. Use and Abuses of Office Gynæcology. John P. Rand, M.D.

5. Procidentia. William F. Wesselhœft, M.D.

At 7.15 P.M., one hundred and seventeen members and guests sat down to dinner, after which the President's address was delivered by James B. Bell, M.D., on "Our Relations as Professional Brethren and Sisters: *first*, to each other; *second*, to our patients."

Following the President's address, the Necrologist, Dr. John P. Rand, made his report on the death of Dr. Joseph W. Hayward of Taunton, who died Nov. 21, 1905.

The meeting then adjourned.

F. W. COLBURN, *General Secretary*

OBITUARY.

After a long illness, DR. JOSEPH WARREN HAYWARD died in his home, at 148 High Street, Taunton, Mass., Wednesday, the 25th day of November, 1905; and so passed to his reward, a noble, upright man; a useful citizen, an able physician, and skillful surgeon; a true friend.

Dr. Hayward was born in Easton, Mass., July 11, 1841. After graduating from the Bridgewater Normal School in 1860, he taught school until he commenced the study of medicine, when he entered the office of Dr. Dean in North Bridgewater. During the winter of 1862 and 1863 he was a student in the Harvard Medical School.

His patriotism and ambition to do for his country and fellow man led him early in the spring of 1863 to apply for a medical position in the Army; and having passed a successful examination he was appointed a medical cadet of the United States Army. Later on, he served in the Brown General Hospital at Louisville, Ky.

After receiving the degree of M.D. from Bowdoin Medical College in 1864, Dr. Hayward was appointed by President Lincoln Assistant Surgeon of United States Volunteers. He was appointed surgeon to the Fourth New Jersey Battery, and was on duty at the battle of Petersburg, and promoted to the position of Staff Surgeon, when General Butler relieved General Ord. In March, 1865, was brevetted Major of United States Volunteers, and was present at the surrender of General Lee. At Richmond he was detailed upon the staff, as Medical Director, a position which he held until he resigned from the Army, in November, 1865.

After a post-graduate course in Bellevue College, in New York, Dr. Hayward located in Taunton, Mass., where he was associated with Dr. George Barrows, a partnership which continued for six years.

Soon after entering upon active practice in Taunton, he was commissioned Surgeon in the Massachusetts Militia. This position he held until in 1874 he was commissioned as Medical Director of the first Brigade, with the rank of Lieutenant-Colonel.

In 1878 he was appointed lecturer on military surgery, fractures, and dislocations, in Boston University School of Medicine, where afterwards he was made full professor, a position he successfully filled up to the time of his death, and I have been repeatedly informed by the students that

his lectures were plain, practical and thorough. In fact, he was an ideal lecturer.

He was honored by the Massachusetts Homœopathic Medical Society, in electing him president of that body.

Taunton was also honored by electing him for several successive years as a member of the school committee of that city.

From the opening of the Morton Hospital in Taunton he served as one of the directors, and on the surgical staff of that institution, until the time of his death.

For several years he was associated with the late Dr. Boothby in his private hospital, and afterwards with others in a hospital of his own.

In 1877 was appointed United States Pension Surgeon. He was a charter member of Ionic Lodge of Masons, and one of the first three officers

I might tell of many other societies and institutions of which he was an honored member, but neither time nor space will permit of all.

After the expiration of his partnership with Dr. Barrows, Dr. Hayward opened an office of his own in Taunton. His great love for, and the knowledge that he obtained of surgery while in the army, together with his great ability, gave him as the years went by, the reputation of being a fine operator and skillful surgeon. This reputation extended, and was acknowledged by all schools of medicine over southeastern Massachusetts, and beyond.

As a physician, too much cannot be said in his praise. He was a fine diagnostician, and as a prescriber was excelled by none. He was careful but positive in his diagnosis and prescription; was not bigoted, but always ready and willing to profit by suggestion, or do anything to relieve suffering.

In his daily life he was more than generous, always neglecting himself, without hope of fee or reward, that the poor might not suffer; thus discharging his duties in health, or in sickness, even to the last day of his life

As a friend and companion, I have in Dr. Hayward lost one, who, for forty years has been to me as a brother; one in whom there was no guile; a memory too sacred to even forget.

Dr. Hayward leaves a daughter and three sons, his wife having died in October, 1904. One son, Dr. Walter B. Hayward, suceeds his father in practice.

"Earnest toiler thy work all done;
Faithful soul, into glory gone;
Beautiful life, with its crown now won;
God giveth thee rest.
Rest from all sorrow and watching and fears,
Rest from all possible sighing and tears,
Rest through God's endless, wonderful years,
At home with the blest."

JAMES UTLEY, M.D.

Newton, Mass., Dec. 10, 1905

FRIENDS of the late D. J. W. Hayward will be interested in the following extract from the report of Dr. J. P. Rand, Necrologist of the Surgical and Gynæcological Society:

"His conversion to homœopathy came about in this way: While he was in Richmond, Va., an allopathic physician who was on the board of health told him he wanted to find out what the homœopaths used for cholera, saying that in two epidemics which he had observed, they had been much more successful than the allopaths in their treatment and he thought they had stumbled on to a specific for the disease. In Dr. Hayward's search for the remedy he discovered that it was the knowledge of how to use the homœopathic remedy, and the application of the law of similars which gave them their success, and Dr. Hayward became a homœopath accordingly."

BOOK REVIEWS.

Medical, literary and scientific publications will be reviewed in this department. Books and journals should be marked NEW ENGLAND MEDICAL GAZETTE, and sent to 80 E. Concord St., Boston.

Practical Dietetics with Reference to Diet in Disease. By Alida Frances Pattee, Graduate Boston Normal School of Household Arts, etc. Third edition. New York: A. F. Pattee, publisher. pp. 311. Price, cloth $1.10 by mail.

This manual is designed for use by physicians, nurses, and students. It contains information as to food values and the classification of foods; a large number of receipts for liquid, semi-liquid, and solid forms of nourishment, with minute directions for their preparation. A large number of diets are given, and these have been taken from the best authorities. Hospital dietaries are included, and suggestions for the feeding of infants and young children. A. T. L.

BOSTON MEDICAL
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LIBRARY

A Practical Treatise on Fractures and Dislocations. By Lewis A. Stimson, B.A., M.D., LL.D., Professor of Surgery in Cornell University Medical College. Fourth edition revised and enlarged. Lea Brothers & Co.

This text-book is an old acquaintance to every surgeon and the new edition needs no introduction. Distinct advance has been made in incorporating knowledge of fractures which has been gained through X-ray examination. This edition is not materially larger than the edition of six years ago. It contains only about thirteen pages more of printed matter. Some of the chapters, however, have been rewritten and brought up-to-date. This is particularly true of the chapters relating to fractures of the carpal bones and fractures of the lower end of the humerus in the young. Both of these conditions are difficult of diagnosis without X-ray examination. The author gives due credit to this aid to the diagnosis of fractures by incorporating very many fine X-ray plates. Altogether the work is a credit to both author and publisher and should find a place in the library of every physician. H. P.

Surgical Diagnosis. A Manual for Students and Practitioners. By Albert A. Berg, M.D., Adjunct Attending Surgeon to the Mount Sinai Hospital, New York. pp. 543. Illustrated. Lea Brothers & Co. New York and Philadelphia.

In the preliminary part of the volume are given four diagrams illustrating Head's areas of cutaneous hyperæsthesia, corresponding with lesions of internal organs. The importance of hæmatologic and bacteriologic investigation is indicated. That which immediately follows is not unlike the routine descriptions in many other texts. As would be expected, appendicitis is treated in detail. Disease of the pancreas receives more relative attention than is given to it by many, this being in accord with the present inclination to more carefully study its lesions. The most valuable parts of the book should be those that treat of urinary and of bone diseases. In the former the use of the cystoscope and the cryoscope is strongly recommended. In the latter many illustrations from X-ray plates give added value.

To the surgeon many well-known facts will probably appear in new surroundings. To the student, and to him who is in practice, such information will be obtained by the study of the volume.

A large number of engraving and plates adds much to this very attractive example of the bookmaker's art.

Homœopathic Therapeutics of the Ear. By Chas. C. Boyle, M.D., O. and A. Chir., Professor of Ophthalmic and Aural Diseases in the College of the New York Ophthalmic Hospital; Surgeon to the New York Ophthalmic Hospital, etc. pp. 113 of text. Published by A. L. Chatterton & Co. New York, 1905.

This little book is divided into two parts; the first comprising the Aural Therapeutics of one hundred and sixty remedies arranged alphabetically. Following the therapeutics of each remedy are given the "General Indications" for the same with the Aggravations and Ameliorations. About two-thirds of the work is included in this first part. The remainder of the book comprises a repertory of the symptoms contained in the previous part. This is comprehensive and yet concise.

The book as a whole is of convenient size and well arranged for ready reference. F. W. C

Epitome of Clinical Diagnosis and Uranalysis. A Manual for Students and Practitioners. By James R. Arneill, A.B., M.D., Professor of Medicine and Clinical Medicine in the University of Colorado, etc. Illustrated. Cloth, $1.00 net. pp. 244. Lea Brothers & Co.

The author makes no claims to any originality in material, his expressed wish being to serve the needs of physicians and students, rather than those of experts. In this endeavor he has been eminently successful. Without filling pages with descriptions of most elaborate processes, impossible except in a completely equipped laboratory, he has carefully included all the more important tests that are capable of performance by the average practitioner. All the chapters contain much of value and interest, but if we should select any one as more satisfactory than the others, it would be that one devoted to blood. Here, not only is the technique carefully considered, but that even more important part, interpretation of the results, receives careful attention.

Other chapters deal with urine, feces, sputum, milk, cerebro-spinal fluid, etc. The physician and the student will find the desired information clearly and concisely stated without being buried in a great amount of unpractical or theoretical detail. W. H. W.

Practical Massage in Twenty Lessons. By Hartvig Nissen, Instructor and Lecturer in Massage and Gymnastics at Harvard University Summer School, With 46 original illustrations. pp. 168. 12mo. Price, extra cloth, $1.00 net. F. A. Davis Co., publishers.

The author, after briefly giving the history of massage and mechanotherapy, emphasizes the fact that the masseur is not the rival of the physician, but his co-worker. The aim of the book is "to enlighten those who want to know, and to show how treatment should be applied." Then follow chapters on active, passive and resistive movements, kneading and stroking, first considered as generalities and later as applicable to various parts of the body.

General massage receives careful attention. The last few lessons are devoted to the methods best suited to certain pathological conditions, such as anemia, neuralgia, constipation, spinal deformity, etc Many original illustrations add to the interest of the little volume. It should prove valuable to the general practitioner, not perhaps by making him proficient in the system, but because it will give him intelligent information concerning what a masseur can do, the scope and limitations of his work.

HOSPITAL BULLETIN.

In opening a new department in the GAZETTE, the reason for so doing may be stated as follows:

It has long been realized that the various homœopathic hospitals and those where the "union staff" is in vogue, were not connected by any particular bonds of mutual knowledge. In other words, none were very familiar with the doings of the others.

In accordance with this realization it has been considered that a step toward such closer knowledge and respect can be taken by providing a common meeting-room for all. Such a meeting-room do the editors wish to provide by the establishment of a hospital department. Here all news concerning staff appointments, changes in the terms of service from month to month, improvements, bequests, endowments and reports of work performed and results obtained, will be promptly noted as soon as the editors receive the information. In addition all connected with these hospitals are requested to send to the GAZETTE short and concise reports of unusual or interesting cases or series of cases, personally seen or treated. Such descriptions should probably occupy not more than a quarter or a half a page of the GAZETTE, although this rule is not unalterable. We believe that if we can thus briefly report from five to ten or more cases a month it will prove of value to the entire profession and also show what our members are doing in various parts of the country.

By the will of J. J. Alter of Philadelphia, $50,000 is given to the Hahnemann and the Jefferson Hospitals for a John J. Alter memorial, and $10,000 in addition goes to each of these institutions for two free beds.

1905 has been the busiest, and one of the most successful years ever noted in the history of the Massachusetts Homœopathic Hospital. The number of patients treated exceeds that of 1904 by about 150, and never before has it been so large. As in former years the mortality is very low, comparing most favorably with other similar institutions. The annual report not being yet accessible, more details must be deferred to a later date.

ON Jan. 1, 1906, the following changes were made in the staff on service in the Massachusetts Homœopathic Hospital: Three months service — January, February, and March.

The Surgical side is divided between Drs. Winfield Smith and W. F. Wesselhoeft, with Drs. C. T. Howard and T. C. Chandler as first assistants. Dr. Walter Wesselhoeft has charge of the medical service, with the assistance of Dr. E. P. Ruggles. In the maternity, Dr. H. E. Spalding has Dr. F. L. Emerson as his co-worker.

THE Dickinson Hospital, Northampton, Mass., will receive patients for examination for admission to the State Sanatorium at Rutland on Tuesday and Friday of each week at eleven o'clock A.M.

Dr. J. G. Hanson will examine on Tuesday and Dr. E. H. Copeland will examine on Friday. Dr. Copeland is a well-known homœopathic physician and a prominent member of the local and state societies. His appointment to this important position will be appreciated by his colleagues far and near. The GAZETTE extends its hearty congratulations to him.

IT is interesting and certainly encouraging to those connected with hospital work and engaged in promoting hospital and dispensary enterprises to learn what has been and is being accomplished by others, and an excellent example of what can be done by earnest, patient, hopeful and

persevering co-operation is offered by the homœopathic hospital in Rochester, New York. In fifteen years time this institution has come into existence and grown from a remodelled dwelling house into a group of eleven buildings, most of them connected by passageways, with fully equipped administration building, medical, surgical and maternity departments, children's wards, contagious cottage, nurses' home, superintendent's residence, laundry, power house, and so forth. The estate consists of seven acres, and the hospital is capable of accommodating one hundred and twenty-five patients, and caring for over two thousand a year. During the fifteen years of its existence it has treated 18,634 sick people, while in the out-patient department 14,645 persons have been cared for. Through the hospital is maintained a plan of district nursing, over 26,000 visits having been made last year. An ambulance service is maintained, which responds to over a hundred calls a month. A training school, consisting of over fifty nurses is in operation, a three years' course being required. A pathological laboratory and an X-ray department are among the latest acquisitions of the hospital. The entire plant is worth over half a million, and the endowment fund is creeping up towards a hundred thousand dollars.

GLEANINGS.

Almost the entire science of therapeutics is nothing else but more or less refined and varnished empiricism, all protests to the contrary notwithstanding. Stern. *Journal A. M. A.*, Nov. 18, 1905.

Gramm reports three cases of Cæsarian section, all personally operated and all successful. He recommends that this mechanical interference with labor be employed soon after the pains begin, thus insuring the contractions, and allowing of dilatation of the os through which lochia may be evacuated. *Hahnemanian Monthly*, Nov., 1905.

Disease is never quite the same in different individuals, nor does the picture remain the same from day to day. The treatment must be modified to meet the varying problem of the morbid processes. Rational therapy calls for simple prescriptions.—*Billings. Journal of the American Medical Association*, Dec. 2, 1905.

Pyo-Nephritis Due to Pregnancy.—A. Sippel reports a case of pyonephritis present in a woman six months pregnant, due to occlusion of the ureter by the enlarged uterus. A tumor appeared over the left renal region and operation confirmed the diagnosis. The patient was cautioned not to lie on that side, and the trouble disapperaed, never to return. It is suggested that similar complications may be more common than is supposed, and that physicians should be correspondingly acute in watching for them. *Cent. F. Gyn. Leipsic.*

Treatment of Pott's Disease.—The treatment of Pott's Disease should have as its aim not merely the resolution of the disease, but the correction of the associated deformity as well. In acute cases the frame is used, reserving the plaster of Paris jacket for sub-acute or chronic patients. The prognosis varies with the treatment. Deformity in children under three years of age can be prevented when treatment is begun sufficiently early. In diseased upper dorsal vertebræ the good results are somewhat interfered with by efforts of respiration.

He claims the prognosis concerning the reduction of deformity is best in the cervical region, next in the lumbar, and last in the dorsal.

W. H. Hammond, Hahnemanian Monthly, Nov., 1905.

Dr. H. S. Birkett reports two cases of lupus of the oro pharynx and nasal pharynx successfully treated by the X-ray. These cases when first seen were well advanced, and both, after a varied length of time satisfactorily responded to the treatment. The rays were applied externally through the tissue corresponding to the parts diseased, and treatments were given four times a week, from ten to twenty minutes at a sitting.

Medical Record Nov. 4, 1905.

Radium Therapy in Skin Diseases. Dearborn. The writer used four specimens of radium with widely different radio-activities. A list of the diseases treated, and the results obtained, is given. In hyper-trichosis the hair fell out, but returned in about a month, the vitality of the roots being unaffected. Alopecia areata was not benefitted, localized eczema only temporarily. Lupus vulgaris and pruritus were sometimes cured, but not as satisfactorily as with the X-ray. Many cases of superficial epitheliomata have been alleviated and some entirely cured by exposure several times a week for a few months.

In a sarcoma he has not found radium of much value.—*N. A. J. of H.*

New Urinary Tests for Typhoid Fever.—To one-third of a test-tube full of the suspected urine add five or six drops of a 1 to 1,000 aqueos solution of methylene blue. An emerald green tint is the result if the reaction is positive — a bluish green if it be negative. This reaction is found at times as early as the second or third day of the disease, and is usually present throughout its entire course, gradually disappearing with convalescence. It is found also occasionally in cases of measles, tuberculosis, and small pox. It is supposed to be as relable as the more common Diazo reaction, the principal difficulty being that some preliminary experience is necessary to differentiate the various parts of green.

Riforma Medica, Vol. 22, 1905.

PERSONAL AND GENERAL ITEMS.

Dr. Martha A. Shelden of the class of 1888 B.U.S.M., who has been engaged in missionary work in India for seventeen years, is now on a visit to this country. She returns to India Jan. 3.

For Sale.—A Scheidel X-ray coil and high frequency apparatus. Complete, modern. Especially adapted to therapeutic work. Address, M. A. C., 495 Columbus Avenue, Boston.

Dr. Henry E. Spalding has removed from 519 Beacon Street, to The Charlesgate, 535 Beacon Street, where he will give special attention to diseases of the rectum, obstetries, and gynecology.

Practice For Sale.—J. F. Shattuck, M.D , of Welles River, Vt., wishing to remove to a warmer climate, would like to sell his homestead and office supplies to a homœopathic physician. Practice established twenty years.

Telephone Consultations. This sometimes troublesome question has been settled by one of the German medical societies, by deciding to charge the same fee for advice given by telephone as to that given when the patient comes to the physician's office.

Doctor, if you have any items of interest, personal, professional, or social that will be of interest to your colleagues, please make a note of them and send them to one of the editors. All such things will be much appreciated. Also brief comments on interesting cases or illustrative evidence of the value of homœopathic therapeutics will be gladly received from you.

E. W. Smith, M.D., B. U. S. M., 1901, has removed to Biddeford, Maine, where he will be associated with Dr. J. F. Trull in the work of the Trull Hospital. Recently Dr. Smith, who has himself just passed the Maine State Board of Medicine with an unusually high percentage, has informed us that no graduate of Boston University ever failed to show satisfactory evidence of medical knowledge in these examinations.

At the annual meeting of the Munroe County, N. Y., homœopathic medical society, of which Rochester is the centre, the scientific session consisted of a paper on "A General Practitioner's Discussion of Metabolism and High Frequency Electricity," by Dr. J. P. Sutherland of Boston, and one by the well-known Buffalo surgeon, Dr. Wilcox on "Ulcer of the Stomach." Both of these papers will appear in a later number of the Gazette.

The Faculty of the Boston University Medical School has remodelled one of the lecture rooms, reserving it exclusively for those lectures that require the projecting lantern With this lantern, by a very recent innovation called a reflectoscope, photographs, cuts, illustrations from books and small objects are reflected, with all the colors preserved, on a screen seven feet square. A very free use of the instrument by the various professors has served to make many points, formerly difficult to explain and describe, easily demonstrable, and has added much to the interest and value of the teaching.

At the present time physicians and dentists cannot be too particular about having a third person present at consultations. The need of such a companion is well illustrated by the three years' penitentiary sentence given not long ago to a German dentist. He was treating an unattended young lady in his office when she fainted. Later she became pregnant and claimed that he must have assaulted her during her unconsciousness.

It is easy to understand how a similar experience might fall to the lot of a perfectly innocent physician during routine office work.

All the daily papers unite in giving to Dr. S. H. Blodgett the highest praise for his able services at the recent collision on the Boston and Maine R.R. near Lincoln, Mass., where so many were killed or injured. Dr. Blodgett, with Dr. Hart, were very early on the spot, and for several hours were busily engaged in attending to the various injured ones. Indeed, so successful was the work of these two physicians that when the hospital train arrived with a full corps of doctors, almost all that remained to be done was to transfer the victims to the cars.

During the same week, another of our colleagues, Dr. G. H. Coffin of Hopedale became intimately connected with an electric car accident, and proved of much assistance in caring for those hurt.

A unique series of social events has been inaugurated by President and Mrs. Huntington On the afternoon of the first Wednesday of each month they tender a reception to all members of the University, faculty, students, and alumni. That for December was particularly intended for those pursuing studies in the medical profession, and the success of the afternoon

freely justified the hopes for a very pleasant occasion. An unexpectedly large number of the faculty were present, as well as an excellent representation of the undergraduates.

Mrs. Sutherland assisted the President and his wife in making all welcome, and in removing all trace of stiffness and cold unbending Bostonian courtesy. All those who were so fortunate as to be present unite in praising the success of the afternoon's pleasure, and feel much encouraged at the closer relations that are being formed between the various departments of the University.

The readers of the GAZETTE and those interested in its welfare, may claim the right to know something of its reorganization, which has recently been effected, and of its new management Therefore this statement is made: About a dozen homœopathic physicians of Boston, convinced that there still should be a medical journal published in New England in the interests of homœopathy and all the institutions and societies allied therewith, and believing that a live, progressive journal would be generously sustained by the profession, have incorporated a publishing company (to be known as the Medical Gazette Publishing Company, Incorporated), and with a few public-spirited colleagues have contributed the funds necessary to place the GAZETTE on a good financial basis. Sound business principles have dictated this policy, for the GAZETTE hereafter will be the property of the profession at large, and will not be connected in other than a fraternal way with any mercantile, philanthropic, or educational institution. This will permit its taking an impartial and independent position on all matters presented to it for consideration.

DR. JOHN P. SUTHERLAND, who, as editor, was connected with the GAZETTE for fourteen years, has been persuaded to take the editorial chair once more, having secured such assistance as to make it possible for him to assume the responsibility. His associates are DR. FREDERICK W. COLBURN, who graduated at Brown University in 1894 with the degree of Ph.B., and obtained his medical degrees at Boston University in 1897. He is assistant aural surgeon at the Massachusetts Homœopathic Hospital, aurist at the Homœopathic Medical Dispensary, Boston; assistant in otology at Boston University School of Medicine, and the efficient secretary of the Massachusetts Surgical and Gynæcological Society.

DR. CHARLES T. HOWARD, who graduated from Harvard University in 1895 with the degree of A.B., receiving his M.D. from Boston University in 1898. He is assistant surgeon at the Massachusetts Homœopathic Hospital, lecturer on Minor Surgery at Boston University School of Medicine, and secretary of the Alumni Association of the latter institution.

DR. WILLIAM H. WATTERS graduated A.B. from McGill University, Montreal in 1897, and took his medical course at Boston University School of Medicine, graduating in 1900. He is Professor of Pathology in the latter, curator of its museum, and pathologist at the Massachusetts Homœopathic Hospital.

DR. WILLIAM K. KNOWLES, the business manager of the GAZETTE, is a graduate of Hahnemann Medical College of Philadelphia, was in active practice for some eighteen years, besides having been connected with various publications as editor, manager, and in other capacities. His experience in this line will be useful in the management of the business department of the GAZETTE, and he will give prompt and careful attention to all its details.

The members of the editorial staff are thoroughly imbued with the desire to do all in their power to make the GAZETTE a credit to homœopathy and indispensable to the profession, and it is hoped that physicians everywhere will help sustain it by their subscriptions, by contributing interesting material for its pages, by criticism when needed, and by cordial commendation of all in it that is worthy. W. K. K.

THE NEW ENGLAND MEDICAL GAZETTE

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ORIGINAL COMMUNICATIONS.

ULCER OF THE STOMACH.*

DEWITT G. WILCOX, M.D., BUFFALO, N. Y.

My object in choosing a subject which is now receiving, and has for the past two years received more than its modicum of attention, is to impress through the medium of illustrative cases, certain points in the diagnosis of gastric ulcer, previous to and immediately after perforation of that viscus. One of the fascinating features in the study of medicine is the frequent discovery of the fact that whereas we have been attributing a certain group of symptoms as belonging to an unimportant or imperfectly understood disease, they are in reality pathognomonic of a much graver disease, and the prompt recognition of the significance of such symptoms means in the majority of instances the averting or the cure of the grave disease. It is but recently that the true symptomatology of gastric ulcer has been recognized. Heretofore, such symptoms as were produced by this lesion, were variously ascribed to indigestion, chronic or acute gastritis, cancer, or dyspepsia.

The three cases which I shall employ as illustrating the symptomatology of the disease, were all perforating ulcers, all fatal; two of them operated, and one examined post-mortem. The points common to two of them were the paucity of symptoms, immediately or remotely, before perforation. This, I find, is quite characteristic of the disease, and it should make us mindful that even slight symptoms, referable to the stomach, should be heeded, lest we be suddenly confronted with that most alarming condition, indicative of perforation and impending death.

*Read before the Monroe County Homœopathic Medical Society at Rochester, New York, December 12, 1905.

Case 1 was a married women, aged forty-seven, mother of two children; never had suffered from any severe illness, aside from attacks here mentioned. Had an occasional attack of pain in the stomach, followed by belching of gas, but no vomiting. In 1894 had a rather more severe attack than usual. It came on suddenly and lasted two weeks. Pain in the stomach was constant with frequent vomiting. Informant could not recall that there had been any blood vomited. Had been in very good health since that time up to present attack, which occurred April 12, 1905, at 5.30 A.M. Patient arose and began to dress herself for the day's duties. She was immediately taken with severe pain in the stomach, which obliged her to lie down again. She made a further attempt to arise, but pain was so severe she could not stand erect. At 9.00 A. M. she vomited copiously although she had eaten no breakfast. There was no blood in the vomitus. At 10.30 A .M. her physician saw her and was much alarmed because of her cold extremities, rapid pulse, clammy sweat and constant vomiting. He sent for me to see her, but owing to some operative work I did not reach the house until noon. Her condition then was past all hope of recovery. Pulse scarcely recordable, temperature sub-normal, body bathed in cold perspiration, frequent vomiting of frothy mucus, abdomen distended, agonizing pain distinctly to the left of ensiform cartilage; mind somewhat wandering, eyes lustreless, face sunken and pinched, marked thirst with inability to swallow but slight quantity. I could reach no other conclusion than perforating ulcer of stomach, although her previous history as then given me by the husband and physician seemed lacking in the essentials which would lead up to so sudden a perforation. Both informants were positive she had not complained of any material symptom of any kind since 1894, aside from attacks of flatulence and stomach distress, which had not been sufficiently severe, in the estimation of the patient, to warrant sending for the family physician. Although I felt confident that dissolution was too imminent to warrant the administration of an anesthetic and an abdominal section, yet I ordered saline enemata and hypodermic injections of strychnia, in the hopes that her flagging energies might be stayed sufficiently to allow surgical measures to be taken, but she failed steadily and died at 7.30 the following morning.

An autopsy was made that evening and revealed a normal

condition of all organs save the stomach. In the abdominal cavity was found fluid and stomach contents. Upon separating the omental attachments of colon and stomach and lifting the latter upward, there was seen to be adhesion of a loop of small intestine to the under surface and cardiac end of the stomach. Upon removing this loop of bowel from the surface, a small perforation, the size of a finger end, was distinctly visible, from which fluid was then leaking. The stomach was then removed and opened along its lesser curvature. The ulcer was situated almost directly opposite the juncture of œsophagus and the stomach. It was somewhat elliptical in shape, its edges but slightly indurated, clean cut, with no appearance of recent ulceration or hemorrhage.

The color of the mucous membrane from the œsophagal opening to the middle of the stomach, showed a highly congested state, most pronounced at the seat of ulcer. The remaining portion of the mucous lining was normal to all appearances. Without stopping to draw deductions from the case, I will relate the next one, which was very similar in its onset, rapidity, paucity of premonitory symptoms, and termination, although different in the location of the lesion.

Case 2. Mr. T. was a healthy, robust man of fifty-two years. He had boasted of his good health all his life and apparently had every reason to do so. So far as his friends or family knew he had never complained of a gastric distress, save an occasional belching of gas. If he had pain, he had carefully avoided showing it. Just one week prior to his death he was walking from his office to his home when he was suddenly seized with so severe a pain in the pit of his stomach that he could not move. He supported himself against the fence, where he was discovered by his friends and assisted home. He was put to bed. He had no vomiting; his pulse was fairly strong but quite rapid; he looked haggard: had lost his color and appeared anemic. His sole complaint was a great soreness over the entire region of the stomach; not a severe pain nor a gnawing sensation, but soreness and tenderness. Could not bear the slightest weight upon the stomach. He took no food during the week of any consequence. His physician was somewhat at sea as to the diagnosis, so wisely refrained from giving him food. His condition growing worse rather than better he was removed to the Corning Hospital (he being a resident of that city) just one week from the day of attack. I saw him the afternoon of that day and found his

condition exceedingly critical: pulse 110, temperature 101°, general distension of the abdomen; great tenderness and distress in epigastric region, more especially marked over the pyloric end of the stomach, where a decided dullness was apparent. From the meagre symptoms exhibited by the patient during his week's illness, and the entire absence of any abnormality in his previous history, I also was at a loss to reach any satisfactory conclusion as to the precise nature of his attack, although a rupture of either the gall bladder or the pylorus seemed most probable. I could scarcely believe it could be a perforating gastric ulcer, without a previous history of stomach complaint. However, his condition called for an immediate operation, and I opened the abdomen over the gall bladder. At the junction of the pylorus and the stomach I found a mass of omentum, intestine and exudates. Untangling these a pyloric ulcer was disclosed with an opening large enough to admit my thumb. Pus was found between the layers of adhesions and quite a pocket of it wal'ed in behind the pylorus. There was a very general peritonitis present, caused by the septic condition of the ulcer and the surrounding viscera. The ideal operation would have been a resection of the pylorus and the pyloric end of the stomach, but the patient was behaving so badly, I simply dissected out all the necrotic tissue adjacent to the ulcer and closed it carefully with sutures. The abdomen was cleansed and drained, but he survived only twenty-four hours, dying from the continued peritonitis.

In both cases just related, we observe the patients apparently well and attending to their duties; one up to within a few hours, and the other a week, of the perforation and their demise. Yet in both there is a subtle suggestion of impending danger in the gastric symptoms mentioned.

The question which concerns the physician is: How shall we so correlate these symptoms in the early history of the attack that we shall be able to recognize those cases which will later become gastric ulcers, in contra-distinction from those which are but slight functional disturbances? In many of the text-books which I have consulted, I find the emesis of blood regarded as a very frequent symptom of gastric ulcer. Yet here are two cases, wherein there was never any blood vomited at all.

Another common symptom is pain, especially when the stomach is empty and relieved by eating, even though the

food ingested be soon after ejected. The location of the pain is an important evidence of the disease. There is one spot in which the pain seems more generally located than all others in gastric ulcer and which might be justly regarded as pathognomonic of the disease; and that is a spot in the back, just left of the spine over the curvature of the twelfth rib. A constant pain in that particular spot, even if not accompanied by all the classical signs of ulcer, should be regarded as well nigh sufficient evidence of the disease.

I shall not undertake to enter into a discussion of the cause of gastric ulcer, as that is outside the province of this paper, but I cannot refrain from mentioning one thing in connection with Case 1, which impressed me very deeply: I have spoken of the highly congested appearance of the mucous membrane of the stomach in this case, radiating from the ulcer, and the fact that the ulcer was situated directly opposite the entrance of the œsophagus into the stomach. The stomach at that point had the appearance as though the patient had swallowed some fluid of a very irritating character, like lye or an acid. A close questioning of the husband and a careful examination of the stomach contents revealed nothing further than that the patient was accustomed to drink large quantities of very hot water and boiling hot tea. The question which occurred to me was this: Could not these hot fluids striking the stomach just at the point where the ulcer was situated have so devitalized the mucous lining of that organ as to leave it a prey to auto-digestion and the subsequent ulcer, and would not the ingestion of abnormally hot fluids generally tend to produce that same condition in the stomach anywhere from the cardiac to the pyloric end?

We do know that so long as the stomach walls retain their tone and vitality, there is no danger of auto-digestion, but just so soon as a part or the whole of that organ loses its resisting power to the gastric juices, just so soon it becomes a prey to the digestive process, which should be exerted upon the stomach contents and not upon itself.

Case 3 differs somewhat from the two previous: the age of the patient was twenty years, an unmarried woman. She had been ill for one month prior to the perforation. Began by complaining of pain in stomach, the attacks coming on periodically, with comparative comfort between attacks. The pain was located in the mid-line just below the ensiform; also in the back at the point previously mentioned. Pain was

described as gnawing at times, then sharp and lancinating. There was but little vomiting until the last week, when she vomited some blood with the mucus. Pain was slightly relieved by eating. Just a month after the illness began she was taken with a very severe pain to the right of the median line in the hypogastric region, which caused her to faint. She immediately became critically ill, pulse feeble, rapid, skin cold and clammy. She was hurried to the Homœopathic Hospital in an ambulance, where I saw her upon her arrival. She was then practically moribund. Her physician had suspected gastric ulcer, but was not sure of his diagnosis until the collapse came on. I made an immediate abdominal section, found an open ulcer on the anterior surface of the stomach near the lower border and to the right of the middle of that viscus. Blood and mucus were oozing from the orifice of the ulcer. There were no adhesions of intestines or other structures adjacent to the ulcer. I rapidly closed the ulcer by inverting its edges, stitching the peritoneal and muscular coats of the stomach very closely. Her condition did not warrant dissecting out the edges of the ulcer. The abdomen was filled with saline and other stimulants used, but she died in five hours after the operation.

In this case we have more of the typical signs of gastric ulcer, vomiting of blood, pain in the back at the point of the twelfth left rib, gnawing sensation, relief by eating; the steady progression of the disease and the grand finale of perforation with its absolute diagnostic signs.

Before closing this paper, permit me to review a few points pertaining to this all too common disease:

First. The tendency of all gastric ulcers is to remain in an indolent state for an indefinite period, when through certain favorable conditions, such as improved general health, abstinence from eating, change of diet, proper medication, they may heal spontaneously; whereas, on the other hand, through certain unfavorable conditions, they may suddenly grow worse and perforate within a few hours from the period of exacerbation.

Second. Healed ulcers, near the pylorus, especially if of large areas, may lead to serious strictures at that end of the stomach; again, healed ulcers may break out again in favorable conditions.

Third. All patients who suffer from perforation do not die, because of adhesions around the site of ulcer, which act as

plugs and thus eventually aid in a complete healing of the ulcer.

Fourth. Females are more prone to ulcers than males.

Fifth. The symptoms as just illustrated by the three cases reported are not constant or uniform, but may be summarized thus:

A haggard expression, pale and anemic; distress greater after eating in the early stages, and relieved by eating in the later stages. Pain is described as boring and gnawing. Vomiting usually relieves pain. Pain may be located quite as much, if not more, in the back. Appetite usually good. If blood has been vomited at any time in the history of such symptoms, it becomes almost pathognomonic of ulcer. Vomitus usually very sour and scalding. The pain of gastric ulcer is usually fixed, rarely does it appear at different places, which aids greatly in differentiating from gastritis. One of of the most significant signs of ulcer is epigastric tenderness. There is in almost every instance an area of tenderness rather than one point; this area may be as large as the palm of the hand. Coincident with this epigastric tenderness is a tenderness in the back over the left ribs from the tenth to the twelfth. This is regarded as diagnostic if other symptoms of ulcer be also present. Patients of a neurotic temperament are more prone to ulcer. Vomiting is an inconstant symptom. It may precede the formation of the ulcer, and become simply a sign of hyperchlorhydria; later, vomiting may occur simply through irritation, and still later may occur through the accumulation of blood in the stomach. Again, vomiting may be absent from start to finish.

Hemorrhage is supposed to occur in about fifty per cent of cases, and death from hemorrhage occurs in only about ten per cent of cases. I have purposely refrained from saying anything on the surgical treatment of ulcer, as that was not in the province of the paper; but the fact that gastric ulcer has now been classed as a surgical disease by all the best authorities on general practice, throws another burden of responsibility upon the surgeon, but does not in the least lift the responsibility from the general practitioner, who must keep his weather eye out for trouble, when he finds a patient who complains of persistent gastric distress

AN ATYPICAL CASE OF GASTRIC ULCER.

BY FREDERICK P. BATCHELDER, M.D., BOSTON, MASS.

This case presented several unusual features in that many of the clinical typical symptoms of gastric ulcer were for the most part absent, and many of the other symptoms more closely resembled those of acute dyspepsia with hyper-acidity.

Family history: Mother died at twenty-nine, of what was undoubtedly multiple gastric ulcers, and perforation had occurred. One brother has had disturbed digestion for a long time. Otherwise the family history is negative.

The patient, Miss —, November, 1905, weighed one hundred and twenty-five pounds, having lost thirteen pounds in twelve months. Her first attack of epigastric pain came on abruptly in March, 1905, characterized by localized, dull, epigastric pain and sense of distress, with soreness on palpation. She does not recall any preliminary dietary indiscretions. These symptoms lasted nearly three weeks and then ceased suddenly. During the ensuing months she still had some sense of soreness on pressure. The second attack came on suddenly Aug. 15, 1905, with symptoms almost identical with those just mentioned, lasting about ten days. The third attack commenced suddenly Nov. 5, 1905, after eating Welsh rarebit. From that time she had dull intermittent epigastric pain with some burning and distress, no nausea or vomiting, no diarrhœa, at times some thirst. Considerable gas was present, and belching or drinking hot water afforded relief. Appetite was irregular, much epigastric soreness. The pain recurred without regularity, sometimes before breakfast or other meals and relieved by eating, or came on from a half an hour to an hour after meals. All discomfort was invariably relieved by lying down, and she never suffered at night. On one occasion when suffering intensely, physical examination disclosed localized soreness well up in the epigastrium and one-half inch to the left of the median line. The right kidney was not unduly moveable nor was other reflex cause found to account for the symptoms, and following such thorough manipulation in the recumbent posture, her pain temporarily ceased. Modifications of her diet and the administration of ars. 3x, of acetic acid, and later of nux vomica, afforded temporary relief. Under the latter remedy she was free from pain for about a week, and digested solid food well, and with such modification of the symptoms one was inclined to conclude

that the trouble was probably in the nature of subacute gastritis rather than ulcer.

On Dec. 23, 1905, she felt for the first time deep-seated epigastric pain radiating in all directions and extending through to her back. This was not present on subsequent days. On Dec. 26 the patient was put to bed and given a bland non-irritating liquid diet in quantity varying from two to four ounces every ninety minutes. For two days she continued more comfortable, but ere long her food distressed her, although she remained in the recumbent posture. The analysis of a test meal showed hydrochloric acid slightly decreased, lactic acid absent. This afforded no positive diagnosis, though it was still thought that gastric ulcer might be present. The case was seen by Drs. J. Emmons Briggs and Horace Packard in consultation. Exploration was suggested as the only true solution of the difficulty, since continued medical treatment had made no progress. Patient very promptly decided in the affirmative, and on Dec. 30, exploration was made by Dr. Briggs, assisted by Dr. Packard. High up on the posterior wall of the stomach and midway of the lesser curvature the intestine was adherent and a little distance away a large, white stellate cicatrix was found. At the site of the adhesions of the stomach surface and intestine an ulcer was found. An elliptical portion of the surrounding stomach wall was removed with the ulcerated area, and the wound properly sutured. The operation proved satisfactory in every respect, the patient making a rapid recovery.

Report of pathological examination by Dr. W. H. Watters:

Description of Specimen: The specimen consists of an oval section of the stomach 4 cm. long by about 3 cm. wide. Situated in this segment is a round, crater-like depression 2 cm. in diameter, with thickened and raised edges. The center of this crater-like mass is filled with a layer of clotted blood, which, when removed, shows that the mucous membrane and the sub-mucous tissues have been destroyed in such a manner as to lay bare the underlying muscle. Around the lower edges of the field is an increased amount of fibrous tissue appearing as a rather white band.

Microscopic examination: Sections made through the side of this crater show a dense infiltration of the fibrous elements with small, round cells. These cells are all mono-nuclear in type, no polymorpho-nuclear cells being demonstrated. Few blood vessels are present. No glands or other epithelial structures are found. *Diagnosis:* Chronic gastric ulcer.

PRESIDENTIAL ADRESS.*

BY JAMES B. BELL, M.D., BOSTON, MASS.

There are some important aspects of our professional work which are not touched upon when we have said all that we can say about principles and methods, and everything else relating to the purely technical side of our calling; and yet these other subjects to which I refer are some upon which we have all often, no doubt, deeply pondered and in which we are profoundly interested. These are themes which can only properly be considered upon some such general occasion as a presidential address.

The topic which I have in mind for our consideration to-night is our relations as professional brethren and sisters, first, to each other, and secondly, to our patients.

We have doubtless, the very highest ideals as to attainments; we would also have equally high ideals as to conduct. My only hesitancy in presenting such a subject as this is because of the fear of seeming to assume the position of a teacher, rather than of a learner upon this question, whereas, I do sincerely wish to enlarge my own conceptions of duty, and make more clear my own ideas of conduct, by considering this subject with you briefly at this time. I do not think that anyone can have been engaged in professional work for many years without having been much perplexed at times as to just the proper course to pursue; just what to do or say in certain circumstances with a due regard to the interests of a colleague and our own. A review of this question in many of its bearings may be of help to us. We have also equal or greater difficulties in applying fully the golden rule to our relations with patients, and in considering in all respects their interests with our own. A study of this question will, I think, be of interest and benefit to us.

First, as to our relations to each other and the whole profession, including all schools as far as it is permitted. I am assured that we all feel that the basis of our relations should be cordial and fraternal respect and coöperation: a hearty goodwill toward all. Of course, these relations will be closer and more fraternal with those with whom we are most closely associated in our work, but the spirit of comradeship will extend to all. I am conscious myself of no barrier to such a fellowship with any honest and kindly colleague of whatsoever

* The President's address before the annual meeting of the Massachusetts Surgical and Gynæcological Society held in Boston, Dec. 13, 1905.

type of thought, or methods, or school of practice, sex, or "previous condition of servitude." Some common ground of endeavor and purpose can always be found for agreement which will also serve as the arena for argument if any discussion of disputed questions becomes necessary. This does not prevent us from holding and expressing strong convictions, individually, upon all important questions. We have only at all times to remember the old Latin motto, "in Certis Unitas, in Dubiis Libertas, in Omnibus Charitas." We do not need to be blind, even, to personal faults or errors, in order to cherish a kindly affection for the members of our professional family, any more than we do in our own family circles.

If I may be permitted a personal statement, I would like to say that while I have always differed more or less in many things with those colleagues with whom I have been most closely associated, I am nevertheless always conscious of a sincere and brotherly regard for them all. It has also been my privilege to learn much from them all, and it seems to me that this spirit of fellowship has also this advantage, that it contributes also to the teachable attitude. No one can have worked earnestly and diligently in our calling without feeling each year how much more there is to learn than we can ever hope to attain, and without being painfully conscious that we are not infallible, even the youngest of us. But, from whom can we learn more than from those in the same profession for whom we have a fraternal respect and regard?

But how can we have these sentiments if we do not know our colleagues? And that is one great reason for the existence of societies like this. I do not share the cynical sentiment of George Sand, who said that the better she knew men, the more she liked dogs. My observation is that the better I know my colleagues, the more I like them. It has probably happened to us all that a nearer and better acquaintance has removed some little prejudice which we may have somehow conceived against a colleague — or we may have at least thereby found points to like and respect. If there have been any exceptions, they have only served to prove the rule. But how shall we make this fraternal regard effective? Of course, in many ways in the same manner as in our relations with friends in other walks of life; but, professionally, in especially three ways:

First, by guarding the professional reputation of our colleagues to the best of our ability.

Second, by aiding their professional work as much as opportunity offers, whether in formal or informal consultations: by advice, suggestion, or encouragement, when either are needed and desired.

Third, by never superseding a colleague in the treatment of a case if it is possible to avoid it.

Under the first head, we will say, that while we are never to make excuses for a colleague which will lower the highest standard of personal purity, morality, and professional attainment, we shall have many opportunities for defending him from unjust condemnation and blame. In the first place, such blame is usually unjust, as we shall see later. Something has gone wrong for which he was in no way at fault, and we may be able to correct the false impression. But right here, we have to acknowledge that this is sometimes difficult, because many people entertain the idea that physicians constitute a guild, and that they feel bound to stand by each other whether right or wrong, and so your words may make but little impression. Only recently a woman came to me with a stiff little finger following a suppuration of the palm, after a fruitless search for a needle by an excellent surgeon of the Massachusetts General Hospital. I assured her that everything had no doubt been done wisely and skillfully and advised her to go back to him for a secondary operation, but in vain. Your chief difficulty will occur when a patient has been sent to you by a colleague with a wrong diagnosis, or one with malignant disease which has been allowed to pass the operable period. In the first case an ether examination may be necessary to make the diagnosis more assured and to clear the colleague who has not had that advantage. In the second case, only the utmost tact and carefulness can avail to prevent an implied censure of the attendant. Even if obliged to differ much from what has been said or done, you can explain that such differences of view and opinion are common among physicians of equal ability and skill, and that you do not reflect at all upon the contrary opinion. Other complaints of a colleague may be met by charitable excuses with assurances of his well-known faithfulness, reliability and skill. If obliged in candor to admit some error of judgment, a sympathetic attitude with both parties may possibly enable you to throw some more favorable light upon the circumstances. These conditions and others like them will sometimes have to be met in consultation and with the same spirit and methods. Never by any possibility may

any word be spoken against a colleague, or any reports against him be put in circulation. Personal contentions between colleagues are now, I believe, extremely rare. A wise old doctor, a a friend of mine, used to say of such cases, that when they talked against each other, the public believed them both. If put upon the plane of policy only, it is better for us to hang together, than to hang separately.

Secondly, our help will be rendered gladly to any colleague in every possible way, but most frequently in consultation. Although primarily for the benefit of the patient, consultations should always if possible aid and sustain the attending physician. It is generally possible to sustain and uphold the opinion and practice of the associate, and at the same time, contribute some real aid to the further conduct of the case. Often the consultation should be wholly conducted in the presence of the patient, or friends, as they are sometimes on their guard against collusion and possessed of the idea that the consultant will feel bound to sustain the attendant whether right or wrong. Every physician should at any time welcome a proposed consultation with any reputable colleague, from whom any help may be expected, or be ready to suggest such consultation if feeling the need of it. I heard a while ago of a young physician who refused a proposed consultation "because he did not take back water with any man." The result was, he was discharged and the surgeon called. The latter agreed with him as far as he could and tried to reinstate him in the confidence of the family, but without success.

After consultation, a further interest may be shown in the case, and perhaps aid rendered by communicating with the associate by telephone or otherwise from time to time. If opportunity offers, at the time of consultation, a private word may be spoken to the friends, commending the attendant, and his work, if it can honestly be done, as a kindness both to the patient and the colleague. Quite often, too, casual meetings with colleagues may furnish occasions for advice, suggestions or encouragement, when one is more or less perplexed and anxious, and I believe that I have been, myself, a greater recipient than giver of these friendly offices.

Thirdly, we are never to take a case from a colleague if we can possibly avoid it. Of course, changes in treatment or attendants must be made from time to time, and these can be made in a perfectly honorable and upright manner when necessary. But when there is no reasonable ground for such a

change, we must not yield to the whim or caprice of patients or friends in the matter. This is sometimes, however, one of our most difficult duties to rightly meet. People feel that their individual freedom in the choice of professional advice must not be abridged and interfered with by what they are inclined to regard as the arbitrary rules of professional courtesy. It is this distrust of our motives that makes the task difficult. People think we cannot really be as honest as we seem. With most people, however, a candid explanation of the principles involved, and a sympathetic interest in the circumstances, will meet the difficulties, and satisfy them that their interests are not neglected or sacrificed in the matter. On the other hand, if we are superseded by another, in an honorable manner, we are to cherish no ill feeling, but rather contribute to the further treatment of the case by furnishing any desired information in our possession.

OUR RELATION TO PATIENTS.

The same good will which we cherish for our colleagues will govern us also in our relations to our patients. Nothing will make our work more interesting than an earnest purpose and endeavor to do for everyone the best we can. We sometimes say in jest, that the best is none too good for us. We will say in earnest that the best is none too good for our patients. Nor, will we be discouraged because our best is sometimes rewarded with ingratitude. It has happened to many of us that our most faithful and best efforts have been met after a time with distrust and rejection. Unfriendly influences have prevailed, unjust prejudices have been created, and confidence has given place to coldness, and perhaps aspersion. None are so eminent, so good, or so skillful as to escape this. Detraction, like death, sometimes loves a shining mark. One of the most eminent surgeons in this city and in this country told me a while ago that he did not like to treat fractures because if afterward the patient went limping along, people would say, "there goes one of old Blank's jobs," and I have heard unkind and unjust reports about him. Or, perhaps, the treatment has not been successful in every respect. The friends and patient sometimes expect the impossible; their demands and expectations are unreasonable. Unexpected and unforseen complications have arisen to retard or impair the cure. The wound has suppurated and the detention has been longer than we hoped.

A phlebitis may have set in after a clean pelvic operation.

A hernia may have followed a laparotomy: a drainage case.

There may be a later return of the original trouble after thorough plastic repair, especially in vaginal or uterine prolapse.

A ventral suspension, by whatever method, may later give way and the retro-flexion or version or procidentia may return. There may be a more or less complete incontinence after a prostatectomy.

Internal adhesions may form after an appendectomy and cause much pain, requiring, perhaps, a secondary operation.

Symptoms may be unrelieved after good pelvic operations, or may soon return, owing perhaps to new adhesions.

Conservative operations upon the ovaries may be followed by a return of the disease and require another operation.

All these and many other conditions may arise to cause complaint and dissatisfaction with narrow-minded or easily prejudiced persons. Or perhaps when "the devil gets well, the devil of a saint is he." He was all childlike confidence and trustfulness while the skillful operation and faithful after treatment were proceeding, but after recovery, and when the bill is to be paid, some flaw must be found in the result, upon which to base a malpractice suit, with a claim for large damages that by this blackmailing device the doctor may be persuaded to waive his bill and make no pressure for its collection. All these are pictures from real life, as many of you can testify.

How shall we meet these things?.

Well! the first case with resignation, with the solace of the consciousness of duty well done, and with no thought of bitterness. You may have had some who have been patients for years, and all seemed satisfactory, but suddenly they will pass you upon the other side, and never know you, and you will never know why. It may be from some whim or notion, or it may be "Christian Science;" but it is all in the day's work — the life's work. Let it pass without regret or question. If you are defamed let time vindicate you. With the unreasonable, the best remedy is kindly, candid, and patient reason, and this will usually prevail with all well-meaning persons. It is also well when possible to provide against contingencies before operating, by candidly stating to the patient or friends, the possibilities of some such results as have been mentioned. We can say that we will do all we can do, but nature must also do her part. If all goes well, as will usually be the case, the satisfaction will be all the greater. Of course,

care must be exercised not to alarm or depress the patient, and to combine such statements with the cheerful assurance that all may be expected to go well. It is also well to say to most patients that they will not get the full benefit of their operation for some months or perhaps a year, as this is generally true, and prevents them from feeling anxiety or disappointment, on account of the persistence of some of the former symptoms for a time.

For the third case, the effectual remedy is an immediate suit for the bill, if not for blackmail, and a notification of the circumstances to the Physician's Defense Company. (It has been computed that ninety-seven per cent of all suits for malpractice are for blackmail).

The blackmailer is always a coward and your bill will be promptly paid, and although the debtor may not love you more, he will respect you more, and will be impressed with the fact that you, at least, set a proper value upon your professional work, and will even begin to value it more himself.

We have good reason, however, in spite of all that has been said not to be discouraged, because our work is not only often highly appreciated, but we often get credit that does not belong to us. This evens things up a good deal. I believe that for the the most part, patients are grateful and appreciative, and that kindly, faithful, and skillful service wins a place in their hearts that will long be retained. Years after such a service, you may be greeted with a hearty hand grasp and words of gratitude from patients whom you have forgotten, or they may long afterwards send you other patients in need of like services. Often, too, a substantial fee for your services will be accompanied by a letter of such gratitude and appreciation that you will file it away with others like it, to be read some day as an offset to some of the other kind of experiences. Not so very rarely, too, some unexpected and valuable gift will be sent to you to testify more than words the gratitude of the giver. I have mentioned the undeserved rewards. These are quite easy to bear. Nature is kind and generally works in partnership with us, and sometimes things go so well that patients quite put us to the blush by their ardent appreciation, when we know that nature deserves more credit than we do. Is it quite right to accept such commendations? I think we may justly do so in view of all our experiences, turning the subject to one of general thankfulness that everything has turned out so happily.

Most of us have been spared the painful experience of death from anæsthesia or from hemorrhage, but for this we may thank our good fortune almost as much as our good work. One patient, in apparent good health, fortunately for herself and the surgeon, died suddenly in the hospital of pulmonary embolism before, instead of after, an expected operation. Many others, to our great relief, have happily recovered, in the experience of all of us in spite of many untoward circumstances. Unavoidable fecal and urinary fistulæ have most kindly closed, and all the functions have been well restored, thanks to friendly nature, rather than to anything we could do. We need not enlarge the list. It is plain that it takes much of light and shade to make up the complete picture of our professional experiences, even as it does in the landscape. Or, we may feel about our patients as the man did about his wife and his automobile. There was no living with or without them.

We may now consider somewhat more closely some points in our relations to patients. The hearty goodwill which we feel for them must find expression in the first place, in the best work we can do for them, but this point we need not dwell upon.

Secondly, in the most hopeful, cheering and sympathetic attitude the case will admit of. No operation, however small, especially if it involves anæsthesia, can be approached by any person without more or less fear and dread. I have known an experienced surgeon to shrink greatly from taking ether for a tooth extraction. A dread of anæsthesia is very common, and many patients have also been told incorrectly that they must not take ether on account of their hearts. Many patients have an idea that surgeons become heartless and calloused to both the danger and sufferings of their patients by the nature of their occupation. Let us prove to them that this is not true by a most sympathetic and kindly bearing at all times. We can truthfully assure them that their fears are unfounded; that things will be made more pleasant for them than they expect, while it may not be necessary to tell them that there will be post-operative discomfort and some pain for a day or two. It is especially with the nervous and timid that we have to give a double assurance that they will be allowed to feel nothing of the operation. Examinations may be made with as much gentleness as thoroughness, and yield better results than when force or roughness are used. It is possible, even with a

child, to diagnose a fracture with so gentle a touch as not to produce alarm or resistance. If a little pain is unavoidable, in some cases of examination or minor surgery, its necessity may be explained. Most patients have great and unnecessary dread of the removal of stitches. With our best and most recent methods of suturing, there are either none to be removed, or what there are will usually come out easily, and we can earnestly assure them of this and prove it when the time comes.

These may seem to be small things, but they are the trifles that help to retain the patient's gratitude, respect, and confidence. "Trifles make perfection, and perfection is no trifle," said Michael Angelo.

Our third duty to the patient is absolute truthfulness. I am aware that the contrary doctrine has often been taught and practiced. An eminent Boston surgeon, in a public address some time ago, advocated lying to the patient for his supposed good. A noted specialist from New York who came to Boston to consult with me upon a hopeless case of malignant disease, told the patient in my presence that he would surely get well and seemed not to blush at all at the obvious falsehood. After that the patient might have blamed me if he did not get well, but he was not deceived by it. The practice of lying to patients for their own good is nothing but the Jesuitical practice of doing evil that good may come, and may easily be extended to the practice of lying for our own good. Of course, this does not mean that the truth is to be spoken with bluntness and too great plainness, or that with gentleness and tact we may not properly conceal the worst from patients at times, and let it dawn upon them gradually, by their own intuition in fatal cases. Nor does it mean that we are not to speak as hopefully and cheerfully as we can in all cases, giving the patient the benefit of the doubt if there is any.

Lastly, our good will to our patients will be shown by treating them with the highest sense of honor. In deciding upon the advisability of an operation, we will act as though we were in the patient's place. "Love worketh no ill to his neighbor." It has been the painful experience of some of us to know of patients, who have already passed the operable stage, in malignant disease, but have nevertheless been strongly advised by some surgeon to submit to an operation, or of some who have been subjected to vaginal and cervical repair, when none was needed, and when there were no lacerations, or of others

upon whom serious operations have been done, or new and untried operations have been made, when there was little or no hope of success, but to whom delusive promises were made, all for mercenary motives, and by men in good standing. None of them, we hasten to say, were members of this society, but they may "serve to point the moral and adorn the tale."

Our relations to the patient are such also as to permit us to exercise the best moral influence upon him or her. People are often poorly informed as to the danger and wrong of many things which they may be impelled to do. Patient and kindly advice and instruction will often help them to better views and conduct, and preserve them from harm. Once to a good woman, who had five little boys, and thought she had enough, I was permitted to present a fine little girl, and when I put it in her arms, I said, "Aren't you glad now that you did not succeed in persuading me to kill this little daughter when she was first expected?" And you can imagine the answer.

But I must close. I am fully aware of the incompleteness of these remarks, but I hope that they may stimulate thought

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Spinal Anesthesia.—After using spinal anesthesia about three hundred times during a period of one and a half years, I feel that I can speak with some authority as to its uses, limitations and dangers. The constant use of this form of analgesia, and in comparison with ether and chloroform narcosis its simplicity, ease of application and, practically, absence of danger, has caused me to conclude that spinal anesthesia is safer in all cases than any other form of anesthesia. Unfortunately, it is of doubtful use for operations about the head and neck, but occasionally, in special cases, work may be done in these regions without pain under spinal anesthesia.

I prefer dry crystals of tropo-cocaine sterilized by bringing it to a temperature of 235° F., and maintaining it at that temperature for fifteen minutes. By giving two grains between the second and third lumbar, and by placing the patient in the Trendelenberg position for thirty minutes, I was recently able to axarticulate the lower jaw of a patient at the City and County Hospital. This severe operation was performed with scarcely a murmur from the patient. One grain of cocaine, properly prepared, and carefully injected, will suffice for almost any operation upon the lower extremities and lower portions of the back and abdomen, up to a line irregularly placed between the umbilicus and the axilla. For inguinal or femoral herniotomies, or for operations upon the rectum, bladder urethra and male generative organs, no one can use spinal anesthesia without becoming very enthusiastic in its praise.

A knowledge of the limitations of cocaine, the recognition of the onset of the symptoms of shock, and the inability to combat them, are as necessary for success in coaine anesthesia as a similar knowledge of the drugs used, and a knowledge of their dangers and treatment is necessary for general anesthesia. No cases have resulted fatally.—*Edgar R. Bryant, A.M., M.D., San Francisco, in the Pacific Coast Journal of Homœopathy.*

A GENERAL PRACTITIONER'S DISCUSSION OF METABOLISM AND HIGH FREQUENCY ELECTRICITY.*

BY JOHN P. SUTHERLAND, M.D., BOSTON, MASS.

Surgery in all its branches, abdominal, pelvic, cranial; — and the mechanical methods of treating diseases, have made enormous advances in recent years. The discovery of antitoxin has rendered the much dreaded diphtheria a comparatively mild disorder, dependent upon early recognition of the disease and the prompt administration of the antitoxin. By the education of the laity to the value of fresh air, sunshine, and other hygienic matters, the "white plague" is threatened with extermination: — for since the year 1882, a period of twenty-three years, there has been in the city of Boston, a decrease in the death rate from consumption of over fifty per cent; from forty-two + per ten thousand inhabitants in 1882, to twenty + per ten thousand population in 1904. Many diseases which for centuries have been considered wholly within the province of medicine, one by one have been transferred from that province to the realm of surgery. Coincident with the development of specialties has been a curtailing of the field of the general practitioner's work, which has resulted, perhaps, among other things, in the deeper and more thorough investigation into the causes of many of the conditions, acute and chronic, which still come to him for advice and treatment.

As a general practitioner, it has been within my experience frequently to encounter cases which have refused to respond promptly and satisfactorily to what seemed to be carefully selected and indicated treatment: — cases, the etiology and pathology of which seemed obscure and the symptomatology puzzling. Some of these cases have been acute in character; many others quite chronic; but practically all of them have been characterized by being rather inexplicable.

The study of such cases from the physiological standpoint frequently has resulted in the solution of what seemed mysterious, and has lead to a satisfactory treatment. It has come to be a highly prized theory with me that many forms of so-called disease are simply examples of slightly perverted physiology, and that by the correction of the physiological error, a condition of true health may be established. I am strongly inclined to think that the great subject "Metabolism"

* Read before the Monroe County Homœopathic Medical Society at Rochester, New York.

is worthy of still further analytical investigation, and that it is along this line that we may expect to find the key to many of the unclassified and at present, unclassifiable, cases which seek our aid. I may here state my conviction that the terms neurosis and neurasthenia are scarcely more than pseudo-erudite mantles to conceal our ignorance concerning certain cases, and that they would be used less were we familiar with all the disturbing possibilities of imperfect metabolism. . . .

. . . I suppose we are all agreed as to the meaning of the term metabolism: —that we understand it to include all the complex anabolic and catabolic processes which take place in living organisms, by means of which food material is broken down and ultimately converted into heat and energy, or utilized in the upbuilding and repairing of tissues, as well as the destructive processes attending functional activity of any sort. The nutritive side of metabolism is easily appreciated, but the destructive and eliminative side is perhaps less frequently emphasized; and yet it is an all important function. All of our activities are produced at the expense of our tissues; and there is always as a result a certain amount of waste product. It is to the elimination of these wastes that I am particularly anxious to direct your attention. So far as I know, no one is familiar with them all, although many of them have been studied with great care, and we feel that we know much about them. It is an accepted idea that the chief organs of elimination are the kidneys, and that an intelligent study of the urine will reveal the amount and the character of work that has been accomplished by an organism.

The studies of Bouchard, Von Noorden, and others, have convinced us that the waste products of animal life, if not eliminated, are distinctly poisonous to the animal organisms forming them. Bouchard has shown that many, if not all of these poisonous substances are excreted in the urine, which according to his experiments contains no fewer than seven toxic elements. No one seriously questions the statement that in a little over two days (fifty-two hours being the average) enough toxic substance is formed by the average man to produce death if retained within the body that length of time. It would seem reasonable to assume then, that if a portion of this toxic matter be retained in the body, it is capable of disturbing the functions of the body in exact proportion to its amount and character.

In these days the term toxin is a familiar one, and in bac-

teriological studies it is frequently asserted that many of the injurious influences attributed to micro-organisms are due not directly to the action of the micro-organism itself, but to something secreted or excreted by it;—in short, a toxin. These principles are probably not poisons such as bees secrete and use in self defense, or the poisons secreted by snakes and other animals for the purpose of killing food or for offensive or defensive purposes, but simply the waste matters formed as a part of the metabolic phenomena of these micro-organisms. There would be no point in a micro-organism destroying its host who is furnishing it with a comfortable and luxurious home. The toxin is probably only an eliminated waste. Analogously it has been proven that the eliminated waste called urine is fatally toxic to animals into whom it is injected, and as has already been said, it is distinctly toxic to the organism manufacturing it. Uræmia is an old term in medicine and still strikes terror to the heart of the physician.

If it is to the urine we look for assistance in diagnosis or treatment, we must have some standard of the normal before attempting to decide what is abnormal. In regard to the most important waste, — Urea — "the chief organic constitutent of the urine," it is stated by Ogden (p. 44) that a man in a state of equilibrium, and on an ordinary mixed diet, excretes daily between twenty-five and fifty grammes, the average being about thirty-three grammes. On a diet poor in nitrogenous matter it may fall to from fifteen to twenty grammes, and *au contraire*, on a diet rich in nitrogenous matter the excretion may reach sixty or eighty grammes per diem. Tyson says (p. 145) "a range of at least from twenty to forty grammes must be admitted in adults." Purdy says (p. 23) "the mean amount of urea excreted in twenty-four hours, by healthy adult males between the ages of twenty and forty years, is 33.18 grammes." As an accepted standard the urea should form about fifty per cent of the total solids excreted.

I do not mean to claim that urea itself is a violent poison, when modern teaching is quite to the contrary. At the same time we may accept Bouchard's statement (p. 67) "that the substance urea, which has been for such a long time the scarecrow of physicians, is especially injurious when it is deficient." One may be allowed to assume that since urea is a potent diuretic its deficiency interferes, in proportion to its insufficiency, with the elimination of other and more toxic substances. This appeals to me as a reasonable view point.

The place and manner of formation of urea in the economy is one of the unsettled points in physiology; but the kind of food ingested influences its production, for as stated by authorities, on a diet poor in nitrogenous matter it may fall to fifteen to twenty grammes, and on a diet rich in nitrogenous matter the excretion may reach sixty to eighty grammes per diem. It would seem advisable, therefore, if urea be a potent diruetic, to make use of a diet rich in nitrogenous matter. And it is probably wise to so do, provided the nitrogenous matter be unmixed with deleterious substances.

I contend that the proper solution of the questions, Why do we eat? What should we eat? What becomes of the food we eat? Is it not possible to take as food, substances which overtax the organs of elimination? — would be an inestimable boon to humanity. The average person does not realize why he eats. He would say, "Because I am hungry," and usually he is quite correct in his answer. But he really eats in order to form protoplasm to take the place of the used-up or worn out protoplasm of the body. If he knows not why he eats, he knows very much less of what he should eat. Economical motives, ease of preparation, palatability, habit, fashion, advertisements, whims, all sorts of influences except definite knowledge of how to match physiological ends and means, dictate the composition of his menu. Thinking people will agree with the statement that quality, preparation and quantity of food should be adapted to the special needs of the individual. That a person may take as food, substances which overtax the organs of elimination, is not likely to be questioned by any one of intelligence or matured judgment. It is this phase of the subject I am particularly interested in, for my experience in treating obscure disorders has convinced me that people do often eat as food substances which add to the burdens of the organs of elimination and so lead up to ill health. A very common fault is the eating of an excess of meat food under the impression that it is an absolute necessity to good health or strength. Meat food itself has lived, and is more or less saturated with the waste products of physiological activities. If we look upon urine as the solid wastes of life in an aqueous solution, and upon urea as "the chief organic constituent of the urine," we shall find food for thought in some investigations I have recently made (with the assistance of Dr. Marion Coon). I minced two ounces each of raw beef, beef liver and beef kidney and poured over each four

ounces of distilled water. The jars were covered and allowed to remain undisturbed over night. In the morning, the specimens were filtered and the filtrate examined, among other things, for urea; with the result of finding from one-half to thirty milligrams of urea per c.c. of the filtered fluid. Bovox and Valentine's meat juice each yielded eight milligrams of urea per c. c. These results simply confirmed the results of similar experiments which I have had performed several times in recent years. In the eating of little or too much meat, a due proportion of urea with its associated toxins is thrown into the system simply to be eliminated, and frequently by organs already inefficient.

The following brief records from my case book may serve as illustrations of forms of suffering due to an imperfect metabolism: —

A very typical case is the following:

Miss Z. S., aged twenty-five, weight, one hundred and forty pounds; was in good health until about three years ago. She had a good deal of indigestion when a child, and vomited a good deal as a baby. Three years ago she had an attack that was called "visceral congestion," which came suddenly, and lasted about two weeks. For a year she was rather blue and depressed. She was able to lead a moderatively active life, but had occasional spells similar to the first one, that were ushered in by a chill. During the past year she has been getting weaker and weaker, and has been suffering from indigestion, flatulence, "wind colic." The abdomen has been sensitive, pressure of clothing has been unbearable; as she said herself, "her belts were never the same size;" that what she could wear one day she could not wear the next. Rarely has a headache; appetite good; but is flatulent a part of every day; has no nausea, no vomiting, but a good deal of discomfort from distension; relieved by belching wind; relieved more or less by loosening clothing. Considerable gurgling and eructations. Bowels exceedingly obstinate. During the past five years has used enemas every other day for two years; for three years has used maltine and cascara. Knows nothing about the quantity of urine passed in twenty-four hours; but for many years has noticed a sediment that was almost "solid brick dust." Is easily tired, and irritable. Menstruation usually regular and painless; occasionally goes eight or nine weeks. Physical examination is quite negative. The lungs are not strong, but heart, spleen and liver seem to be all right. No sore places in the abdomen; no tumors. This brief summary of her case leaves us much in the dark as to its cause and prognosis. This record, however, was supplemented by a study of the urine which during seven consecutive days averaged only 27 3-7 ounces per diem. A specimen that was analyzed gave a specific gravity of 1011.7; total solids 35.50; urea .0011 grammes per c.c., the total quantity 14.30 grammes; the urea forming about forty per cent of the total solids.

Mr. G. S. complains of an "inexpressible nervousness;" is very irritable; easily exhausted; and at times does not want to see or talk to anybody. Often gets a headache from nervousness. Sleep is disturbed often; has a dull headache in the occipital region, with stiffness in the neck; speech at times difficult; always tired in the morning, getting but little rest from sleep. Frequently has lumbago, occasionally a pain in the cardiac region.

Is "crazy for sugar, always has been fond of sweets;" "can eat a half pound of chocolates at any time." Bowels ordinarily regular, but has trouble with flatulence.

Physical examination throws no light upon the pathology or diagnosis of his trouble. But urinary analysis shows an excretion of only 710 c.c. in twenty-four hours; a specific gravity of 1028; total solids 46.38 grammes; chlorides in excess; urea .0195 grammes per c.c., a total excretion of only 13.825 grammes in twenty-four hours. Hosts of calcium oxalate crystals in sediment; no albumin, no sugar; urea not only absolutely diminished, but forming only 29.84 per cent of the total solids.

Mr. G. H., aged sixty-one, a hard-working and successful business man, has for years suffered from "dyspepsia." The dyspepsia is of the flatulent variety, which produces "palpitation;" is more or less flatulent daily, often distressed for weeks by a distended and tense abdomen. Bowels always sluggish, and moved only by enemas, which he has used daily for many years. Occasionally takes cascara. Would go indefinitely without a movement of the bowels if he did not do something. Has frequent attacks of tachycardia. While in my office, without cause, pulse suddenly rose to 200; though in the course of five minutes came down to 180, 160, and finally to 80. Complains of a wooden feeling in the legs, and says his legs and feet are always cold. Is nervous, irritable, and apprehensive. No organic trouble of any sort could be discovered on careful physical examination, — but here again, urinary analysis showed a daily average excretion of only 22¾ ounces for eight consecutive days, the last day's quantity being 710 c.c. Specific gravity, 1025.5, total solids, 42.24 grammes; total urea, only 13.84 grammes; no albumin, no sugar. The urea formed only 32.76 per cent of the total solids.

These cases all fall far short of the standard of health as far as elimination is concerned. Physical examination does not show the presence of disease in cerebro-spinal, respiratory or circulatory systems; organic disease is ruled out. They all have many symptoms, and suffer a discomfort and even pain, but what is their disease? Is it not a perverted metabolism only?

Diagnosis is not the all of medicine. It is useful and often a necessary thing, but what the patient desires most of all is to be cured. Ordinarily he cares very little for the diagnosis. In considering such instances, then, the question is, How can they be overcome? Will a medicinal remedy alone be sufficient to cure? What other influence than that of medicine can be brought to bear upon the condition? In regard to the remedy, it is not disloyal to any therapeutic principle we know of to claim that medicinal influences are practically helpless unaided to cure such conditions. In regard to our own therapeutics I think we are considerably handicapped because of the inadequacy of our provings in so far as an elimination of waste matter is concerned. A careful search through our most popular text-books on materia medica, Jahr, Hering, Cowperthwaite, and Allen, for instance, and even the Materia Medica Pura, reveals very few symptoms connected with elimination.

Modifications in quantity, co'or, and odor of the urine, are referred to, as well as frequency of and sensation during micturition. Occasionally the sediment is mentioned, as also retention and suppression. More rarely the presence of albumin, and blood, and in only one or two instances the presence of sugar is spoken of. The insertion of clinical symptoms in what are supposed to be our provings has permitted reference to Bright's disease and diabetes. Under one or two drugs such as mercurius and phosphorus, reference may be found to epithelial cells: but if one looks up such drugs as cantharis, arsenicum, phosphorus, phosphoric acid, terebinth, corrosive sublimate and uranium nitrate, he will find that the proving-symptoms are practically insignificant when compared with the clinical reputation of these drugs. Considering the frequency of renal disorders and the importance that urinary analysis has attained in diagnosis, it may be claimed without danger of arousing opposition that all of the drugs named, and many others should be reproven, certainly in so far as urinary symptoms are concerned.

In the "Cyclopædia of Drug Pathogenesy" may be found some admirable proving of uranium nitrate by Dr. Edward Blake; provings in which close attention was paid to specific gravity, the presence of chlorides, phosphoric acid, lithate of ammonia, and sugar. Such provings might well be taken as models for further work in these lines.

Attention might also be called to the provings of chionanthus, made under Professor Royal's supervision, and reported to the American Institute at its meeting last June, in which careful and frequent urinary analyses played a prominent part. The provings that are made in the future, and it is to be hoped that many such will be made, should call for thorough urinary analysis prior to the proving and during its progress, so as to determine the specific gravity, reaction, quantity of solids, and more especially the relation of urea and uric acid to the other solids, as well as the presence or absence of albumin, sugar, microscopical elements, etc. That is, *all that is included in modern urinary analysis should be made a part of every proving,* for without the knowledge thus to be obtained, the treatment of the class of disorders under consideration in accordance with the law of similars is not possible, the "*Totality of symptoms*" not being covered by our knowledge of drug pathogenesy.

Under the circumstances then we are justified in using such

measures as have proven themselves useful by experience. Should an improper diet prove to be the root of the evil, the error easily may be corrected. If physical indolence be a contributory cause, this also may be corrected, by passive and active exercise. Modifications of the environment, where this is prejudicial, are, of course, to be thought of. Psychic influences in the way of encouragement and suggestion should be looked upon not only as legitimate, but as very useful adjuvants. These general and hygienic measures often without medicinal remedy may be quite competent to cure, but if more potent agencies can be utilized it is our duty to resort to them, and I am inclined to think we have such an effective agent in some of the newly developed forms of electricity.

This is not the time for a description of high frequency apparatus or a discussion of electro-physics. It is enough to mention the fact that within a few years, different forms of apparatus have been invented by means of which electric currents of phenomenally high frequency have been obtained. Much has been claimed by the enthusiastic electro-therapeutist for the high frequency current. Possibly most of these claims can be substantiated. Possibly all of the claims are not justified by facts. I confess I first looked upon the claims made for high frequency currents as being exaggerated; and was only slowly convinced by personal experience that a potent therapeutic influence has been put at our service. By means of this apparatus an ordinary electric lighting current can be raised from a voltage of 110 to upwards of a million, and this current may pass through the body without producing sensation. These currents seem to have a general tonic influence, and to possess the power of strengthening the nervous system, and what would seem more important, of oxidizing the waste matter and increasing elimination, especially of urea. This has been done in appropriate cases without injuring the patient in the slightest degree, the effect seeming to be wholly for the good. To illustrate the results produced by high frequency treatment, I may be permitted to cite a few cases.

Master W. W., aged about twelve. During November, 1903, was ill with a peculiar fever, the temperature running quite high, but otherwise lacking in symptoms. It was not the fever of an eruptive disease; not typhoid; not rheumatic fever. Careful physical examination, including the blood, was negative. I somewhat feared the development of pulmonary tuberculosis, although the only sign that could be obtained was exaggeration of the naturally puerile respiration. Urinary analysis invariably showed a low specific gravity; seven analyses averaging 1008 5-7.

The total quantity was never excessive, and the urea elimination was low for a normal state, and decidedly low for a fever. Occasional urinary analyses made during the winter showed the total urea excretion to be nine, ten, and twelve grammes in twenty-four hours, once rising to twenty grammes. The proportion of urea to the other solids being 32 to 37 per cent. During the spring high frequency treatment was given at intervals of three or five days, and in April and May, urinary analyses showed a considerably higher average in urea elimination, the urea having the propor tion of 59.3; 51.4; 52 per cent to the total solids. The specific gravity of the urine running from 1014.8 to 1020. And concurrently with this improvement in the urine there was a marked increase in strength and vigor; improvement in color, and appetite, and a much steadier and more nearly normal condition of health. A condition which has been maintained to the present time.

To mention a case at the other extremity of life: Mrs. B. H., aged over sixty, of medium height and very fleshy, was under treatment during the winter and spring of 1905. She was suffering from a very marked insomnia; could not sleep restfully except on railroad trains; was exceedingly restless and unhappy, and utterly unable to remain in her apartments, which were more than distastful to her. Restlessness was so great she could not sit still long enough to eat a meal. Sleep, comfort and quiet were obtained only when traveling on a railroad. She would go from Boston to Portland. Springfield, Worcester, New Haven and back in one day, and even to New York, for the sake of moving about. (A very good example of the palliative effect of the law of similars, in that restlessness was helped by motion). She took long trolley rides and spent the evenings in theatres, not returning to her home till late; leaving again early the next morning. With the exception of a cough, later hiccough and poor appetite, she had chiefly the above symptoms to complain of. Diet was modified; she was urged to drink water freely, and remedies were prescribed, with but little effect. Finally her prejudices were overcome and she resignedly took some high frequency electricity. Early in February she passed only 900 c.c of urine in twenty-four hours, its specific gravity being 1009.6, with a total of only nine grammes of urea. February 13, she passed about two quarts of urine, its specifiic gravity being 1016.3, total urea 11.35 grammes. February 28 the twenty-four hours total urea was 12 grammes, or 32.48 per cent of the total solids. Two weeks later, March 14, the urine had reached 1740 c.c. in twenty-four hours; its specific gravity was 1011.5, total solids 46.69 grammes and urea 24.36 grammes; the urea forming 52.17 per cent of the total solids. She had eleven high frequency treatments in March and she steadily improved in health. Eight months later, in November, 1905, after a summer at the seashore, she reported herself as quite well.

Another case is that of Miss S. T. J., age about sixty, fleshy to the unwieldly point, a sufferer from chronic rheumatoid arthritis, and synovitis in the left knee, as expressions of a marked lithæmic diathesis. Appetite very generous, but not in the habit of drinking much water. Large quantities of brick dust sediment in urine an habitual thing. Mentally keen and quick; physically almost incapacitated, not able in fact to leave her room. In February, 1905, the urine was insufficient in quantity, averaging a little less than a litre in twenty-four hours; and the urea formed on an average 44.54 per cent of the total solids. During April and May twenty-five high frequency treatments were given, and in June and July two uranalyses showed 1207 c.c. of urine each, holding 26.13 and 25.40 grammes of urea in solution, the urea forming 50 and 53.57 per cent of the total solids. Synchronously with this improvement in elimination of tissue wastes there was a steady gain of strength, the patient being able to take, for her, long walks out of doors.

Mrs. H. T., suffering from climacteric neurosis (neurasthenia) with marked weakness and despondency, was under treatment during the winter of 1904. Physical examination gave no evidence of organic disease. In January, March, and April, three urinary analyses were made which suggested chronic interstitial nephritis, the urine being free, the specific gravity low, 1004, 1006, 1008; the total solids being 33.61, 24.29 and 29.93 grammes; urea 13.24, 11.52, and 9.72 grammes; urea forming respectively 39.39, 47.42, and 32.47 per cent of the total solids. A "rest cure" at home brought about a slow gain in strength, and during the spring she was able to come to my office for high frequency treatments. The gain in strength became accelerated, and a long summer and autumn in the country seemed to complete a cure. At all events she increased markedly in flesh, strength, and spirits, and at the same time there was satisfactory improvement in elimination, as shown by analyses in March and April, 1905, when the specific gravity had risen to 1014.6 and 1010.7, the solids to 56.37 and 38 grammes, the urea to 23.17, and 18.36 grammes; the urea forming 41.1 and 48.31 per cent of the total solids. Perhaps less credit can be given the high frequency in this case than in the others cited, but there certainly was a concurrent improvement in health and increase in elimination of tissue wastes.

One more brief instance and I am done. Mr. G. H., already referred to, after seven or eight treatments in about three weeks, reported Dec. 9, 1905, to him, a remarkable activity of the bowels which had been evacuated spontaneously daily for over a week, and a general improvement in bodily functions, as well as an almost complete removal of his apprehensiveness. All of this progress is not to be attributed to the high frequency treatments, but an analysis of his urine Dec. 9 showed a twenty-four hour's quantity of 1000 c.c., a specific gravity of 1015, total solids 35 grammes, and urea 16 grammes, a percentage of 45.71, a marked and very satisfactory improvement over his former condition.

I have tried to give facts and figures, and not indulge too freely in theorizing. I do not wish to be understood as claiming high frequency electricity to be the one and only "cure all," a something that will replace the use of medicines, and make unnecessary dietetic restrictions and modifications, hygienic reforms and psychic influences in the treatment of the sick; but I do advocate an unpredjudiced investigation into the claims and merits of what promises to be an admirable and effective aid in our work of healing the sick, — the great function of the physician, whether he be general practitioner or specialist.

WHILE you may benefit the catarrhal condition by cleansing the nostrils and applying the various sprays and local applications to the nasal mucous membrane, yet you can only expect to cure your cases by going to the very fountain head of the trouble, and if the catarrh is due to nasal obstruction, remove the obstruction, and if due to disease of the accessory sinuses, direct and appropriate treatment to the diseased sinus; you will then cure your cases, and the laity will no longer have reason to doubt the curability of catarrh.—*Switzel, Homœopathic Eye, Ear and Throat Journal*, January, 1906

AN APPLIANCE FOR THE RELIEF OF INCONTINENCE OF URINE IN THE FEMALE.*

BY HORACE PACKARD, M.D., BOSTON, MASS.

In January, 1902, a case of incontinence of urine was referred to me for operation looking towards relief. The history of the case in brief was of an instrumental delivery a few months before, since which time the urine had dribbled from the bladder constantly without the slightest sphincter control. Patient waiting had failed to yield hoped for improvement, and electrical and medical treatment had also been unavailing. On examination a deep cleft was observed anteriorly just to the right of the meatus and urethra extending deeply through the vaginal wall towards the pubic bone, and ending in cicatricial tissue which seemed somewhat adherent. From the appearance of the parts it was assumed that the sphincter had been torn apart, with failure to unite that resulted in the sad plight in which the patient found herself.

An operation was thereupon performed consisting of laying open the urethra and sphincter to the bladder wall. All tissue which seemed to be cicatricial was dissected out and the freshened ends of the sphincter united with green cat-gut. A vesico vaginal fistula was established and a drain tube fixed therein for temporary drainage. Healing went on without interruption, but there was no improvement. The urine continued to dribble, the patient was constantly wet, and could be about on her feet only by the use of voluminous pads of absorbent material.

In October, 1902, further operative measures were attempted designed to lengthen the urethra and afford a valve like control. Since these were also failures I shall not take the space to describe them, except to say that they contemplated the supplementary use of a truss-like support or spring pad to press lightly upon the elongated urethra. All this, though failing in the ends sought, showed the impracticability of any mechanical contrivance deriving support from the exterior and thus turned speculation upon the possibility of an internal pessary-like arrangement fitted with a spring button to press lightly upon the urethra with just sufficient force to stop the flow of urine for intervals of three or four hours. Many and various were the experiments and mod-

* Read before the Massachusetts Homœopathic Medical Society.

ifications extending over a period of months, until the appliance herewith represented was evolved.

The slightly bifurcated portion "a" is designed to engage in the vault of the vagina just back of the cervix. The curved portion "b" rests upon the perineum. The concave rectan-

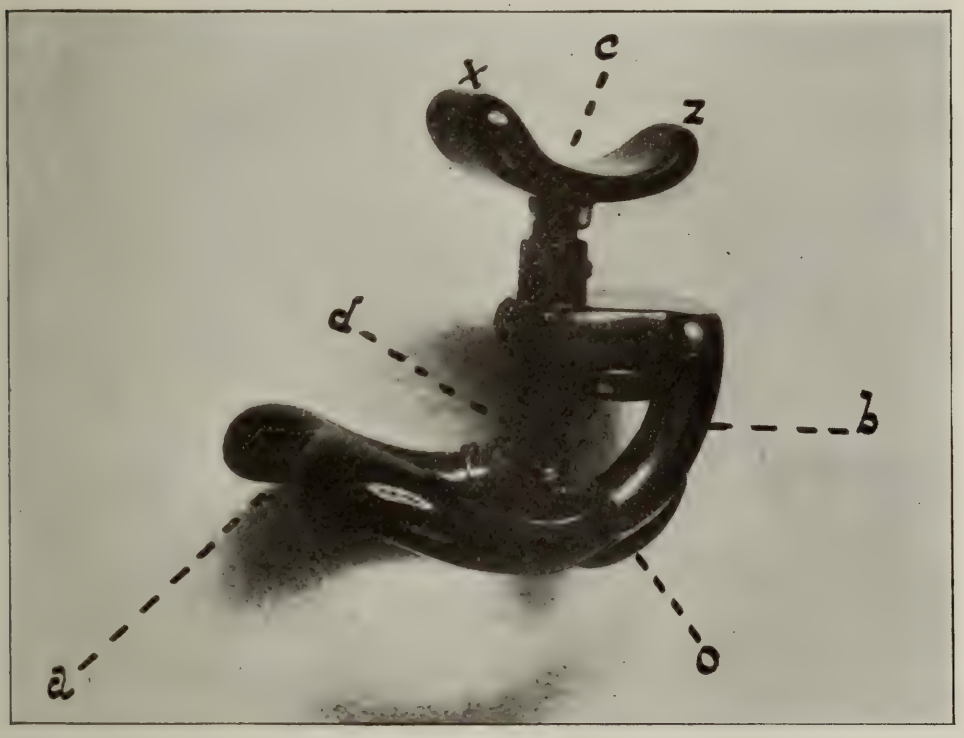

Fig. 1.

gular portion "c" engages the pubis and is actuated by a delicate spiral spring within the cylinder "d." The bar-shaped terminal "x" presses against the base of the bladder or beginning of the urethra with sufficient force to stop the outflow.

As to the actual practical use of the appliance it soon developed that a way must be devised to enable the patient to adjust and remove it at will; for while it fitted well and performed the function for which it was designed, a sense of lameness and discomfort developed after wearing it continuously for a day or two. It was obviously desirable also that it might be easily removed at night on retiring and especially at frequent intervals during the menstrual periods. Therefore, a repositor, shaped something like a forceps was devised which serves as a handle to facilitate introduction and is thereafter easily discarded by unsnapping the handles.

Before benefiting by the appliance the patient was limited in her movements within a very narrow range. She hardly dared go from her home and felt incapacitated from participatting in social functions of any kind. With it she has resumed

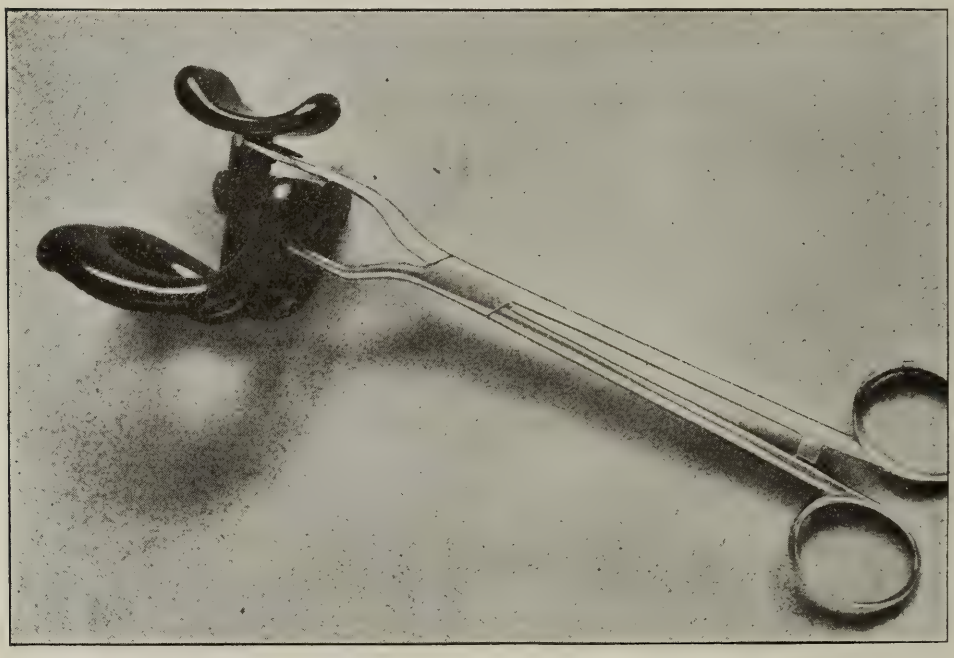

Fig. 1.

to a large extent the usual routine of life. She can feel assured of going dryshod three or four hours at a time, and then when the call to empty the bladder is appreciated, she retires to the toilet, assumes a squatting posture and with a suitable cup as a urinal, and pressure with the forefinger upon the part "z" releases the spring and permits the urine to flow out. From time to time slight modifications have been made to meet the changes in the vaginal wall incident to the stretching effect upon its tissues. For example, a small bulging piece will be observed at "o" which has been applied of late to give better engagement against the perineal floor. While the appliance does not by any means fulfill the place of the natural sphincter vesicæ, it may be truthfully said that to this patient it affords a degree of relief which would be sadly missed were she now deprived of it.

EDITORIAL.

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ON THE NECESSITY FOR MEDICAL SCOUTING CORPS.

The scouting-troop has been, since armies were, an indispensable component part of every army. The scouts do not sit as counsellors; their place is not on the firing line. Their well defined duties are to take the road well in advance of the main body of troops; to carefully note every sign that suggests means to further the army's advance, or that threatens peril to its safety; and from time to time to summarize and report their observations to the powers commanding.

Might not the great medical army, ever on active service against the foes that ever threaten mankind's welfare and sanity, copy, with advantage, this practice of the regular military service? Might not medicine, with very great advantage to itself, organize and maintain its scouting corps?

To be explicit. It would be to the very great advantage and enlightenment of every medical society, to maintain a standing committee whose duties should be closely analogous to those of the army's scouting troop. They should be instructed to examine into, and report upon, the medical signs of the road. No individual practitioner has the time or the facilities, few perhaps have the inclination, to investigate the manifold theories on medical practice, and experimentations in medical practice which almost yearly arise to bid for popular support. Thus the individual practitioner stands perpetually between

the Scylla of ignorance of some new and valuable weapon for his never-ending fight, and the Charybdis of dangerous or foolish personal experiments. Again, physicians are not few who curiously enough look upon medicine as a perfect and non-improvable science, to which their particular school alone has the key. Such are in very great danger of finding that the public is rapidly ceasing to agree with them; and that their dogmatism is costing them prestige, confidence, possibly even livelihood. There is, in short, no practitioner who can either afford time and costly personal experiment with new medical fads and fancies, or ignorance of how much among them may point new and safe roads toward the care of the sick. Here is the field for the scouts of medicine. Whenever a new system of treating the sick, has by a sufficient tenure of existence, and a sufficiently wide-spread acceptance on the part of the community, demonstrated its popular influence, then let the scouts of the regular medical army be instructed to examine into the claims of this new system, in a spirit of entirely honest, and open-minded, and courteous investigation. Let them learn from its leading exponents its *modus operandi;* let them study it, in demonstration; let them tabulate its statistics. Then let them bring the results of their investigations, at stated periods, — say, annually, in the case of state societies, and bienially in that of national societies, — before the medical bodies with which they are affiliated, for consideration and discussion. By such a custom nothing could be lost; and very much potentially gained. For instance, there would be slowly dispelled from the public mind, the — alas! not quite unfounded ideas on medical bigotry now rather firmly established there. When questioned by a patient — and what experience is more familiar? — as to the character and merit of some new method of treatment, instead of admitting his entire ignorance of it, coupled with slighting assurance of its worthlessness, — a fashion of reply too common to our craft, and much more damaging to us in our patient's eyes, than to the thing we depreciate! — the practitioner can reply that from the investigations of his society's committee, such and

such things are known to him to be true of the new system. If he can reply that the exponents of the new system have declined facilities for its honest investigation, then in that very statement he condemns it more eloquently than any abuse or ridicule on his part could condemn it. If he can reply that he is satisfied there is at least a measure of use in its novel methods, and that he purposes to study into and utilize this, there will be small danger of his questioning patient deserting either him, or accredited medicine, to follow after new gods.

The medical profession could by this means, more surely than by any other, become at once a truly progressive and a truly united body, — by proving all things, and holding fast to what is good in everything, if good is discoverable there. The utilization of scouting parties from their own ranks, and the profiting by their reports, would save the world the not infrequent and exceedingly unedifying spectacle of medical gentlemen, whose business it is to lead in medical progress, adopting certain progressive methods only after the laity has forced these methods upon them, against their long and vociferant refusals. Had the regular profession of the day adopted a scouting troop, homœopathy would have been spared its bitter battle for life, and the regular school the not less bitter humiliation of seeing that battle triumphantly won. Had medicine in general adopted a scouting troop, hypnotism would incalculably sooner have been transferred from the armamentarium of the dangerous quack to that of the honest healer. Were we to adopt scouting parties to-morrow, it is not inconceivable that psychic methods of healing would soon be shorn of their present peril, and medicine move in the van, where now it lags dangerously near the rear of a very wonderful world-march. Speed the day of the medical scouting party!

IS THE ART OF MEDICINE DECLINING?

Is the art of medicine declining? So thinks that eminent authority, Sir Dyce Duckworth, and so voices himself in an address delivered not long ago before the Abernethian society, at St. Bartholomew's Hospital. The address has called forth widespread comment, favorable and otherwise. The London *Lancet* is inclined to agree with the distinguished speaker; the *Literary Digest* gives him full quotation; the London *Hospital* thinks he goes too far in his depreciation of preliminary scientific studies on the part of the medical student; and our honored contemporary, the *Hahnemannian Monthly*, finds much to commend in Sir Dyce's contention that the medical practitioner should sympathetically individualize his cases; not too much relying on their purely scientific or pathologic aspects. On this point it is easy to agree with our contemporary, and with Sir Dyce; but we are far from agreeing with the general thesis, either that the art of medicine is declining, or that close pursuance of scientific or laboratory studies is calculated to hasten its decline. The art of medicine in any broad and real sense, means, not the art of drug-giving, but the art of healing. Drug-giving may or may not be a permanent factor in the art of medicine; that is an open question; we who are homœopathic specialists believe, and with the soundest reason, that it is a factor far yet from being outworn. Be that as it may, we repeat drug-giving is not synonymous with the art of medicine. It may rise or fall; the art of medicine only declines when the physician's means of healing the sick decline in number or in power. Has this been the case in the last twenty years? Is there anyone who would seriously make a claim so instantly refutable? We need cite but a few shining instances in disproof. What of diphtheria, fatal, twenty years ago, in from forty to sixty per cent of the cases attacked, — to-day treated in hundreds of consecutive cases, without a death? What of tuberculosis, whose mortality, in the city of Boston alone, has been reduced fifty per-cent in the last quarter century? What of the once incurable headache, now easily diagnosed as due to eye-strain, and as easily cured? What of the innumerable hay fevers, reflex coughs, and their kin, disappearing promptly after the removal of nasal growths and hypertrophies? What of the regaining of lost nervous balance, under the various forms of rest cure? What of the once lethal cyclone of "peritonitis" cases, to-day recognized and relieved as appendicitis? What of the vastly

more intelligent treatment of anemia, possible on the knowledge obtainable by the "laboratory student" of to-day as to whether the case be one of chlorosis, leukemia, or primary or secondary anemia? . . . We surely need not multiply proof. Even superficial study of that already adduced must convince any impartial investigator that the art of healing — the only true synonym of the art of medicine — is not declining, but progressing; and that, with beneficent speed.

THE MEDICATED DRAMA.

Medicated Drama is much in evidence in these days. Theatrically speaking the doctor is coming to his own; — or, perhaps more correctly, is held far from his own, and there pilloried, by the modern dramatic author with an eye on the gallery. Take, in evidence, "Mrs. Leffingwell's Boots," where all physicians have failed to suspect the real reason of the villian's villainy, which is, that undue pressure is being exerted on the spinal cord by a misplaced vertebra. While we wait the osteopathist relieves the pressure, — and presto! the villian arises from the couch a reformed young man! Take in evidence the amazing situation in "Clarice," where the physician-hero accepts, on hearing, the assurance of another practitioner, a total stranger, that he — the hero — is in the last stages of tuberculosis, — a fact which oddly enough he does not seem to have suspected! — and poisons himself to anticipate the deadly work of the bacilli! That nothing may be wanting to this faithful picture of Medicine as She is Practised, the stranger-physician confesses, later, that his diagnosis was a wicked falsehood, founded on jealousy, and the hero never had tuberculosis at all; injects an antidote "over the heart" of the dying hero, and departs, pronouncing him restored. Which, considering that he may later resume practice, seems a wrong to the hero's patients! And these are the plays presented as faithful pictures of modern life, to alleged intelligent audiences! Tempora! O Mores! — medically speaking!

THE WESTBORO INSANE HOSPITAL.

The Westboro Insane Hospital is "come of age." Its twenty-first annual report is before us, and it tells indeed a story of adult accomplishment. Progress in all that makes

for the dignity and usefulness of such a hospital has marked from the beginning, and marks to-day, the history of this institution. Its buildings and equipment have grown in value to very nearly a million dollars. Its clinical record will challenge comparison with that of any similar hospital here or in Europe. Its methods are at once open-minded and conservative. Its work is done with scant self-advertisement; in a word, the Hospital is a distinct credit to the system of medicine it represents, and to the state that supports it.

Several items of the report now before us, are of especial interest. We learn that the question of an adequate water supply for the hospital, long a serious one, is to be brought before the present Legislature. No less than five plans have been submitted and discussed in this connection. The last of these has the endorsement of the State Board of Health, and of the trustees of the hospital; and its acceptance is to be strongly urged upon the Legislature. Every friend of homœopathy, medical and lay, who can command the interest of a member of the Legislature should assuredly use it to further this most necessary measure.

During the past year we are told, the hospital population has been the largest in the entire history of the institution. The largest number of patients present at any one time has been 918, the total number of cases admitted has been 538; 97 have been discharged as recovered; 44, as much improved; 29, as improved; and 33, as not insane. 902 remained at the hospital Oct. 1, 1905. An excellent statistical showing.

The building for the acute disturbed patients, which has been finished and occupied during the past year, has been named by the trustees, the Codman building, in honor of Hon. Charles R. Codman, the first chairman of the board of trustees of the Westboro Insane Hospital, and a present member of the State Board of Insanity. Colonel Codman, it will be remembered, is the honored president of the Massachusetts Homœopathic Hospital.

An operating room with all modern equipments has been completed and is in use. A pathological building is now in process of construction and will soon be in service.

This hospital, as its report truly says, may claim to satisfactorily carry out the three-fold function of a modern institution for the care of the insane. It has the main buildings, containing the administrative center; the asylum wards, the heating and lighting plant; sewing rooms, laundry and service

department. In the Warren farm and Richmond buildings are two units for colony care. There are buildings beside, especially adapted for curable and convalescent cases, and for excited cases, with every variety of treatment approved by advanced medicine; these include treatment by drugs administered under the law of homœopathy, rest treatment, hydrotherapy, static and high frequency electricity; surgery when demanded. When employment seems a useful measure in the treatment of the chronic insane, this is furnished under careful supervision. The greatest possible measure of freedom is permitted to patients, and it is pleasant to note the statement that very few of those trusted with the freedom of the grounds break their promise not to leave the limits without permission.

Altogether the report gives a most creditable showing and one to which any journal pledged to the interests of homœopathy may well be proud to call the attention of its readers.

Duffy, in the *Journal of the American Medical Association*, Nov. 18, 1905, claims that the bacillus typhosus is present in the blood of all cases of typhoid fever, during the second and third weeks, when the temperature is above 102 degrees.

The Journal of the American Medical Association editorially discusses the value of single signs in the diagnosis of tyhoid fever, concluding that no sign can be called pathognomonic.

The supposedly characteristic "typhoid tongue" was found by Treupel in only sixteen per cent of his cases. "Pea soup" stools were the exception, and constipation the rule. Bronchitis was present in less than fifty of the cases. The two most important signs, the Widal reaction and the presence of typhoid bacillus in the blood, are relatively recent tests, and give positive results in ninety and ninety-two per cent of all cases. The question is raised whether a given disease may not vary somewhat in its clinical manifestations from generation to generation.

Nostrum Evil.—Billings, in the *Journal of the American Medical Association*, gives as one cause of the nostrum evil, the following:

Pharmacology and therapeutics are neglected relatively by many of our medical schools. Anatomy, physiology, pathology, diagnosis, etc., are emphasized and too often the usefulness and limitations of drugs are neglected. Too frequently drug nihilism is taught. If the student were fully taught the physiologic action of drugs, the art of prescribing, *preferably single remedies* or in single combination, using if he desires the pharmacopieal preparations prepared by reliable manufacturing pharmacists, and at the same time if he were taught when not to rely on drugs, but frankly to prescribe for his patient a course of hygienic measures which alone would accomplish all that would be required, he would not be the willing dupe of the nostrum vendor as he now is.

HOSPITAL BULLETIN.

Major Walter Reed Memorial.—The projected Army General Hospital for the District of Columbia will be called the Walter Reed United States Army General Hospital. This will be in honor of the late Major Reed, whose studies concerning the transmission of yellow fever have proven so valuable when applied in our southern states and new island possessions.

On account of changes made after the January Gazette was in print the medical service at the Massachusetts Homœopathic Hospital comes, under the direction of Dr. C. H. Thomas, instead of Dr. Walter Wesselhoeft, as then announced. Drs. S. H. Blodgett and F. P. Emerson are assistants.

Most optimistic reports come from the homœopathic ranks in Pittsburg, Pa. Here, within a few weeks, ground will be broken for a new hospital, that will eventually cost from one-half to one million dollars. The present hospital, under the very skilful guidance of Dr. J. H. McClelland, has made an enviable reputation for itself and its cause. We therefore believe that the projected institution will be an even greater honor to our cause and a model for others in all parts of the country.

The *Boston Record* reports that by the will of the late Dr. G. S. Hyde. Harvard Medical School receives a bequest of $50,000 upon the death of a brother and a sister of the testator.

An unique event among our hospital news for the past month has been the formal opening and New Year's reception at the home of the Douglas Sanatorium at 321 Centre Street, Dorchester, on Jan. 1.

The house was crowded with guests, the majority of whom belonged to the medical profession. A demonstration of the newly installed high frequency apparatus by Dr. Strong, combined with music and light refreshments to make a very pleasant occasion.

The building is the great Whitten mansion, one of the largest of its kind in Dorchester. It has large, airy rooms, commodious corridors, a billiard room, bowling alley, and over 250 feet of verandas. All the surroundings are pleasing and readily explain why all the available rooms are now fully occupied. Particular attention is given to alcoholism, morphinism, and the kindred ailments.

Drs. Ordway and Warren, Tufts Medical School, '05, have been appointed to the position of internes at the Massachusetts Homœopathic Hospital, for the term beginning Jan. 1, 1906.

An interesting case recently at the maternity department of the M. H. H. resulted in the appearance of triplets, all boys, and all living. The presentations were two breech and one cephalic. The three umbilical cords were united to a single, not greatly enlarged placenta. Two of the children weighed three pounds, five ounces, and the other three pounds, eight ounces. The mother was a primipara, aged twenty-two years. The following day at the same place twins were born, a boy and a girl. Here one presentation was breech and the other cephalic. The placenta in this case was divided, the segments being connected only by membranes.

The *Homœopathic Review*, our English visitor, begins its fiftieth or Jubilee year with the January number. In addition to a very interesting historical article it gives a most encouraging report of the London Homœopathic Hospital. The hospital is, as well stated, the center of Homœopathy in the British empire, and by its work the followers of Hahnemann are represented in many parts of the kingdom.

During several years past the hospital has been doing more work than its income could completely cover. As a result several annual deficits had accumulated until the invested funds had been drawn on to the amount of $60,000. Responses to an appeal to reduce this burden came to the Board of Management in such numbers that it was not only reduced but entirely removed. Now efforts are being made to materially increase the endowment. The grant from the King's Hospital fund has this year been increased from $1,000 to $2,000, chiefly through the efforts of the Earl of Cawdor, the energetic treasurer of the hospital.

We also find that it is the custom to charge a "registration fee" of about twenty-five cents a month to all out patients. Regular house patients are not charged, but to each is given a letter suggesting that they give to the hospital for the benefit of others whatever they can afford or think right.

I HAVE been satisfied with the employment of calc. carb. and silica.' phosph. and sulphur to correct the disorders of ossification The two first meet, better than any other remedies I know of, the general state of malnutrition and the progressive osseous changes attending it. Sulphur, I think is the best auxiliary for the process of softening, and so I consider phosphorus the remedy to attenuate the thickening of the long bones. I have not found symphytum officinalis the remedy others claim, to hasten the reparative process. As inter-current remedies, I have used asafœtida, lycopodium, staphysagria, and mezereum, but I have not seen any marked effects follow their administration.—*Fornias, Hahnemannian Monthly*, Jan., 1906.

AT the recent celebration in Ann Arbor, Michigan, of Hahnemann's birthday, Prof. W. A. Dewey gave an address on the place of therapeutics in the domain of medicine, from which the following is an extract:

The whole field of possible therapeutic activity may be summed up under three heads: Preventive medicine, palliative medicine, curative medicine. Preventive medicine is the application of any therapeutic measures to prevent the development of disease. Palliative medicine consists of the use of drugs for their direct effects, the common resources of that part of the medical profession which has no law to guide in the selection of curative means. Curative medicine is the field especially occupied by homœopathy. It is the branch of therapeutics that the non-homœopathic part of the medical profession lacks. The homœopathic physician knows all about preventive medicine, he knows bacteriology, antiseptic, sanitary science and hygiene. The homœopathic physician knows all about palliative medicines. He knows what opium will do, what quinine will do, what all drugs will do when given in any dose. In the curative field of medicine the homœopathic physician exercises his speciality. Here he stands alone. He recognizes that cures are made by nature, by attention to diet, by surgery, by electro-therapeutics. He makes use of all these, and, in addition, he has a law of drug selection to guide him in the most speedy, complete, pleasant cure of disease by medicines. The specialists of the homœopathic schools, our surgeons, our opthalmologists, our neurologists, are doubly so, because to the knowledge of their particular branches they add a knowledge of homœopathy, in itself a specialty.

All schools make use of palliative and preventive therapeutics, but the homœopathic school adds to this common knowledge that from homœopathic sources unknown to all other schools. Therapeutics is, therefore, the practice of the art of medicine, and homœopathy is a specialty in therapeutics.

SOCIETY REPORTS.

BOSTON HOMŒOPATHIC MEDCIAL SOCIETY.

ANNUAL REPORT.

The annual meeting of the Boston Homœopathic Medical Society, which was observed as Ladies' Night, was held in the hall of the Boston Society of Natural History Thursday evening, Jan. 4, 1906, at eight o'clock, the president, J. Herbert Moore, M.D., in the chair.

The records of the last meeing were read and approved.

Barbara Taylor-Ring, M.D., was proposed for membership.

Samuel P. Eaton, M.D., was elected to membership.

Voted: That By-Law VIII be suspended for the year 1906, leaving the arrangement of the programs for the ensuing year to the judgment of the Executive committee.

Voted: That the Year-book for 1905 be published as in 1904, with the addition, if the state of the treasury will permit, of the "Code of Ethics" as adopted by the American Institute of Homœopathy.

The Election Committee reported the election of the following officers for the ensuing year:

President, David W. Wells, M.D.
First Vice-President, S. H. Calderwood, M.D.
Second Vice-President, J. Arnold Rockwell, M.D.
Secretary, Benjamin T. Loring, M.D.
Associate Secretary, Lena H. Diemer, M.D.
Treasurer, Alonzo G. Howard, M.D.
Auditor, G. H. Wilkins, M.D.
Censors, J. P. Sutherland, M.D.; H. C. Clapp, M.D.; Edward E. Allen, M.D.

The Secretary reported as follows:

During the past year the Society has held its usual nine meetings, all except the January and June meetings being held in the hall of the Museum of Natural History. The June meeting was held at the home of the president, and consisted of an informal reception followed by an address entitled "Hahnemann's Conception of the Nature of Disease and Drug Action" by Walter Wesselhoeft, M.D., after which light refreshments were served. In spite of a heavy rain about one hundred were present, and spent a pleasant and profitable evening. The January, or annual meeting, was held at Bostion University Medical School.

Exclusive of the June meeting the attendance has averaged 54½ per meeting, the largest, 83, being in February, and the smallest, 26, in May. Of this attendance, 33.4 per cent has been women and 66.6 per cent men. While this is an improvement over the attendance of the last few years, it is not as good as that of ten years ago, when it averaged over 100 for the years 1894 and 1895.

During the year the Society has had as guests: Joel E. Goldthwaite, M.D.; Douglas Graham, M.D.; Mr. Alexander M. Wilson, of the Boston Association for the Relief and Control of Tuberculosis; Mr. Robert C. M. Bowles, inventor of the Bowles stenoscope, and W. H. Prescott, M.D. Treasurer of the Suffolk District Medical Society.

There has been a total of twenty-five papers presented, six of which were by guests, and nineteen by members of the Society.

From time to time, as necessary, meetings of the Executive Committee have been held at the home of the President, without expense to the Society.

During the first of the year there was much dissatisfaction with the stenographic reports of the proceedings. A change was made which has resulted

in much improvement, and no more trouble need be expected from this source unless another change becomes necessary.

The transactions of each meeting, except the papers, have been published, with occasional abridgment, in the NEW ENGLAND MEDICAL GAZETTE, issued on the first of the next month. In one month only have all the corrected copies of the discussions been received by the Secretary from the members in time for them to appear as corrected. It would be a saving of considerable of the Secretary's time if the members were all as prompt as most of them are. During the coming year, if the Society continues the present method, it is hoped the transactions may be published without abridgment. The papers read have been of a high order of merit, and a large proportion of them have been published in some of the various medical journals.

At the beginning of the year the membership was 254, of which 226 were active, and 28 corresponding members. Three have died. They were: Dr. Charles C. Ellis of Somerville, Dr. William L. Jackson of Roxbury, and Dr. Joseph W. Hayward of Taunton.

Four have resigned. They were: Hubert T. Dean, M.D., of Holyoke; Bertha L. Hoskins, M.D., removed to Georgia; James Utley, M.D., of Newton; Alice M. Patterson, M.D., of Peabody, the latter having joined the Massachusetts Medical Society.

One, H. H. Amsden, M.D., has been changed from active to corresponding membership on account of removal from the state to Concord, N.H.

Seven have been admitted during the year. They are: Daniel A. Babcock, M.D., of Fall River; Dana F. Downing, M.D., of West Newton; Arathena B. Drake, M.D., of South Boston; Henry M. Emmons, M.D., of Jamaica Plain; Deborah Fawcett, M.D., of Newton; Wilson F. Phillips, M.D., of Dorchester, and Anna M. Skinner, M.D., of Watertown. making the membership Jan. 1, 1906, 254, of whom 223 are active, and 29 corresponding. Of the active members, 66, or 29.6 per cent are women, and 159, or 70.4 per cent are men. This does not show any appreciable change, but no members have been retired for non-payment. Had those members in arrears been placed on the published list as being retired for non-payment of dues, the Society would have shown a loss in membership.

During the fall a canvass for new members was made by mail, invitations being sent to one hundred and fifty homœopathic physicians in and near Boston, as a result of which only two new members were secured. The members of the Executive Committee have recently been making a more personal effort which will add a few more members to the Society very soon.

The Secretary has at his office extra copies of all the year books since 1895. They contain much valuable and interesting information. A set of these may be secured by any member who desires them sufficiently to call for them.

While the committees have assisted in the planning of the several meetings and the arrangement of the program, the most of the work has been done by the President, and to him is due the credit for a successful and encouraging year.

Voted: That the report of the Secretary be accepted.

The Treasurer reported as follows:

Alonzo G. Howard in account with Boston Homœopathic Medical Society, Dr.

Cash on hand Jan. 1, 1905	$127.87
Received for Dues	340.00
	$467.87

	Cr.	
Expended for postage and printing, (including $42.85 for year-book)	$163.74	
Catering	61.25	
Rent of hall and janitor's service	54.00	
Stenographer	30.85	
Entertainment (music) for annual meeting	16.75	
Miscellaneous	2.38	
Total expenses	$328.97	
Cash on hand Jan. 1, 1906	138.90	
	$467.87	$467.87

Unpaid bills, $24.00, leaving a balance of $114.90 when all bills are paid.

The Auditor, Dr. Wilkins, reported that he had examined the accounts and found them to be correct, with vouchers for all expenditures.

Voted: That the reports of the Auditor and Treasurer be accepted.

The President-elect, Dr. David W. Wells, was called on for a few remarks, after which he took the chair, while the retiring President, Dr. J. Herbert Moore, delivered the annual address, taking as a subject, "The Present Opportunity and Future Possibilities of Homœopathy."

The business program was interspersed with some very enjoyable monologue selections by Mr. Walter B. Tripp.

The meeting adjourned at 10 P.M. to the hall below, were a social time was enjoyed and refreshments were served.

BENJAMIN T. LORING, M.D., *General Secretary.*

OBITUARY.

The tragic death of Dr. Judson Lee Beck, Class of 1879, Boston University School of Medicine, will bring sorrow to the heart of many colleagues and patients. Dr. Beck was driving in his closed cab with the driver, when, at the Landis Avenue crossing, near Vineland, New Jersey, they collided with a train. Dr. Beck was thrown some distance and the back of his head badly crushed, from which injury he very shortly died. The driver was also fatally injured, and the wagon reduced to kindling wood.

To Mrs. Beck, a daughter and a sister of the doctor, the news came with a most serious shock, and immediately turned the happy household into one of profound sorrow.

To his family and friends the GAZETTE desires to extend its most sincere sympathy.

DEATH FROM ELECTRICITY.—According to newspaper reports of his paper, Dr. Von Kratter has made researches leading him to the conclusion that death from electricity is due to paralysis of the central organs of respiration, and is therefore a form of strangulation or suffocation. Accordingly, the treatment in cases of severe electric shocks is the employment of artificial respiration. So good results have been obtained that the method is becoming quite generally adopted in the Austrian hospitals.

BOOK REVIEWS.

Medical, literary and scientific publications will be reviewed in this department. Books and journals should be marked NEW ENGLAND MEDICAL GAZETTE, and sent to 80 E. Concord St., Boston.

Pathogenic Micro-Organisms, including Bacteria and Protozoa A practical manual for students, physicians, and health officers. By William Hallock Park, M.D., Professor of Bacteriology and Hygiene, University and Bellevue Medical College, and Director of the Research Laboratory of the Department of Health, City of New York, assisted by Anna W. Williams, M.D., Assistant Director of the Research Laboratory. Illustrated. New York and Philadelphia. Lea Brothers & Co. 1905. pp. 556. Second edition.

Books reaching the reviewer often give rise to either favorable or unfavorable ideas, according as the general arrangement, form, and appearance of the volume impresses him. Just why such an impression is made cannot always be stated.

The volume under consideration is one of the fortunate ones, which is well constructed, well prepared, and satisfactorily arranged. The combination of bacteria and protozoa and the studies connected with them, seems to be a particularly happy one. It is something for which we have looked in vain in the past.

The author is certainly to be congratulated for having produced a volume, both agreeable at first sight, and most satisfactory upon more careful investigation. The history of the study of micro-organisms, as given in the first chapter, allows one to note the beginning of bacteriology, and the advancement of the science step by step, as the microscope became more perfectly developed and as careful investigators devoted more and more of their time to such studies.

Among some of the special points to be noted is the very practical chapter upon sterilization of the hands, instruments, furniture, and various other substances. Diphtheria is treated very fully, and the results of the modern use of antitoxin clearly portrayed.

That the present edition has been carefully brought up-to-date is evidenced by the description which the writer gives of the so-called protozoa found in connection with syphilis, scarlet fever, small pox, and rabies, all of which have been for the first time very recently described in various journals.

One may be sure that the book will not prove a disappointment in regard to the various subjects that it covers, and one may also feel positive that the information contained therein is of the most recent and reliable kind.

W.

Medical Annual, 1905 A Resumé of the Year's Medical Literature by Thirty-six Department Editors, with Added Articles by Noted Specialists. Twenty-third year of publication. Illustrated. New York: E. B. Treat & Co. 1905. pp. 718. Price, $3.00 net.

The book consists of three parts: I. A dictionary of materia medica and therapeutics, with a review of the year's progress in therapeutics, and a list of new drugs. II. Dictionary and description of advances in medicine and surgery throughout the year. III. The year's work in sanitary science.

A volume containing such clear and concise notes on such a variety of subjects and the very latest information concerning each, must of necessity prove to be of great value to the general practitioner. To one to whom large libraries are inaccessible, either on account of distance or time, this volume will bring many things briefly described that would otherwise be impossible or difficult to procure. The mere fact that it has reached its twenty-third year of publication is a sufficient proof of its worth.

The Physician's Visiting List for 1906 Fifty-fifth year of its publication. Philadelphia: P. Blakiston's Son & Co.

This arrives in its usual compact, neat, and serviceable form, and continues to warrant the place in professional esteem that its fifty-four predecessors have made for it.

While the very carefully compiled dose-table will not often be used by homœopaths, yet for the members of the other school it will probably be almost indispensable.

Good paper, good printing and good binding unite with good ideas to form a very attractive pocket book that should be of value to every physician who owns one. W. H. W.

Infectious Diseases By J. C. Wilson, A.M., M.D., Professor of Medicine in the Jefferson Medical College; Physician-in-chief to the German Hospital, Philadelphia, etc. 1905. D. Appleton & Co. New York and London. Illustrated. pp. 925. Translated by J. L. Salinger.

This is a volume giving a full and comprehensive description of the various infectious diseases and the latest methods of treating the same. It has been written by a number of contributors, most of whom are Germans, and so probably better known in their own country than in America.

As is usual in all such compilations the chapters vary considerably in excellence, some being most satisfactory and others less so. Klemperer gives a very satisfactory chapter on typhoid, emphasizing particularly the methods of hydro-therapy in its treatment. Para-typhoid is also given a separate chapter. In the section devoted to yellow fever is quoted an article by Dr. Carroll, in which he describes the experimental inoculation of himself by an infected mosquito.

Cholera Indica and cholera nostras are not clearly paragraphed or differentiated in all their phases. Mallory receives two lines, in a note by the editor, concerning the parasite described by him in scarlet fever, while Councilman fares somewhat better as to his parasite for small pox.

In a few instances the reviewer had difficulty in obtaining the exact meaning of some vague sentences.

Taken in its entirety the volume contains a large amount of very valuable information that is easily accessible through a full index. The printing is clear, and the paper good. W. H. W.

The Diseases of the Uterine Cervix By Homer Irwin Ostrom, M.D., Surgeon to the Metropolitan Hospital, etc. Philadelphia: Boericke and Tafel. pp. 386.

The following features of the book are noteworthy: Each chapter is subdivided into paragraphs headed by large type, which greatly facilitate quick reading and ready reference in using the book. The book bears the stamp of individuality and appears to an unusual degree to be a record of the writer's personal experience and methods. The author relies on detailed description rather than on illustration to explain his methods. Much attention is given to local and general therapeutics, with many new and and practical suggestions. The treatment advised is from the standpoint of the practical worker rather than that of the idealist in his study. The descriptions of surgical operations and their after treatment are given in some detail. The recommendations for the use of various remedies for post-operative treatment of surgical cases are contributions to the subject which the reader will appreciate.

The chapter on Gynecological Antisepsis contains many excellent suggestions. A little more stress might have been laid on the fact that many cases of supposed primary tuberculosis remote from the thorax, including cases of tuberculosis of the Fallopian tubes, have been found on autopsy to be secondary to tuberculosis of the bronchial or mediastinal glands. The

author states that post-operative parotitis is always associated with oral sepsis, which develops in consequence of the depression of vital force following a gynecological operation. The comparative frequency of suppurative parotitis after abdominal section and as a complication of appendicitis has been commented on by various writers without giving satisfactory explanations. The author's opinion is quite in accord with the tendency of professional opinion to consider these cases as a mouth infection through Stenson's duct and not as a metastasis. Fortunately such cases admit of a much better prognosis than a true metastatic septic infection of the gland.

The author recommends for an intestinal antiseptic,Carbonate of Guaiacol in capsules containing five grains to be taken before eating for several days before operating. He also advises, as preparatory to operating, the drinking freely of pure spring water for several days, and taking a five or ten grain powder of Mercurius Dulcis Ix for several successive nights before the operation, to act on the liver and to stimulate the intestinal function. He advises the patient to drink a pint of hot water shortly before the operation as a prophylaxis against vomiting. He has found Capsicum tincture six drops in two ounces of water, a teaspoonful every half hour, of some benefit for post-operative vomiting. He recommends for an antiseptic in preparing the vagina, one drachm of acetic acid to an ounce of alcohol, and it might be well to add that sixty-five per cent alcohol has greater germicidal power than the ninety-five per cent. He finds an eighth of a grain of morphia, given after the effect of the anæsthetic wears off, very beneficial to the patient, and repeats the dose if it is not sufficient to secure rest. At the same time, he warns against the danger of using morphia to excess.

Many excellent suggestions are given for the treatment of shock and for septicæmia, which can be read with interest in connection with a paper by the author on Post Operative Vomiting, in the Journal of Surgery, Gynecology and Obstetrics, for November, 1905.

We question the feasibility in the routine vaginal examination of palpating the ureters, the dilated pampiniform plexus of veins, or of a utero-ovarian varicocele as a means of obtaining reliable information.

The chapter on laceration of the cervix presents the subject clearly. It is to be hoped that the indications for operating will be more clearly defined in another edition.

The chapter on neoplasms is carefully written at some length and their surgical treatment described. Some of the details differ from those in common use, but he gives his reasons for them. A few illustrations in the next edition will be helpful to some readers.

The book shows painstaking care in its preparation, and it can be recommended as a book of decided merit and practical value. The press work is good with the exception of some minor typographical errors, which mar the appearance of an otherwise handsome volume. G. R. S

Man and His Poisons By Gilbert Abrams, A.M., M.D., F.R.M.S. New York. E. B. Treat & Co. 1906. 268 pp.

It is an interesting speculation, what the practical physician of a quarter-century ago would have said of a book which ranks, among the auto-toxins most perilous to man, the power of thought. Yet so we find thought-power ranked, under date of 1906, by Dr. Abrams, M.D. of Heidelberg, ex-professor of pathology, clinician of wide repute. His statements and illustrative cases in support of them, here chronicled, are exceedingly interesting and stimulating, and may, carefully studied and intelligently experimented with, serve to solve not a few of the most obscure and trying problems that beset a physician's way. The ten chapters of the valuable little treatise deal with many forms of auto-toxæmia, objective and subjective. It has great and practical value to the medical student, graduate and undergraduate.

Physical Diagnosis, including Diseases of the Thoracic and Abdominal Organs For Students and Physicians. By Egbert LeFevre, M.D. Second Edition, thoroughly revised and much enlarged. 479 pp. with 102 engravings, and 6 full-page plates in black and colors. Lea Brothers & Co., publishers. Philadelphia and New York.

In this new edition the general plan of Dr. LeFevre's book is retained, but the material has been thoroughly revised and brought abreast of the times. Topographical and relational anatomy is naturally the foundation upon which the book rests. It tells briefly but impressively what can be determined by auscultation, inspection, palpation, and percussion of the thorax and abdomen. It gives special attention to the diagnosis of diseases of the respiratory and circulatory systems and the abdominal organs.

Of special interest is the chapter on the results and technique of X-ray examinations, now so vital an aid in the diagnosis of obscure cases. The series of illustrations has also been enriched with radiographs, anatomical and topographical plates and photogravures.

This volume as it stands, offers a very practical and up-to-date treatise on its vastly important subject. The fact that its first edition was so soon exhausted, testifies eloquently to professional appreciation of its worth.

Minor and Operative Surgery, including **Bandaging.** By Henry R. Wharton, M.D., Professor of Clinical Surgery in the Women's Medical College of Pennsylvania; Surgeon to the Presbyterian Hospital and the Children's Hospital; Consulting Surgeon to St. Christopher's Hospital, the Bryn Mawr Hospital, and Girard College. Fellow of the American Surgical Association. Sixth edition. Illustrated. pp. 650. 1905. Lea Brothers & Co.

In this, the sixth edition of a book already well and favorable known to the profession, the author has broadened the scope of his work and included a brief description of the operations most frequently performed, such as appendicectomy, herniotomy and cholecystotomy. These subjects are necessarily very briefly treated, the diagnosis and pathology being entirely omitted and space given only to the operative measures.

The main body of the book, as before, deals with Minor Surgery. It has been thoroughly revised, and much obsolete material excluded.

The whole book is well illustrated, which adds much to its attractiveness. The chapters on bandaging are, as heretofore, excellent.

It is altogether a very satisfactory manual, and a valuable volume for every physician to have in his library. C. T. H.

The Elements of Homœopathic Theory, Materia Medica, Practice, and Pharmacy By Dr. F. A. Boericke, and E. P. Anshutz. Philadelphia. Boericke and Tafel. 1905. 195 pp.

This little volume is intended to furnish brief and untechnical answers to the inquiries of those interested in homœopathy,but unacquainted with its theories and practice. Its condensed and suggestive chapters treat, in the order indicated, of Generalities, Drug-proving, Dosage and Potency, The Chronic Diseases, Symptomatology, Homœopathic Books, Homœopathic Medicines, Vehicles for Dispensing, Therapeutics, and Materia Medica. The sources of information are our best known authorities, and the arrangement and condensation of facts has been done with intelligence and good effect.

Drink Restriction; Particularly in Obesity. Being Part VI. of Clinical Treatises on the Pathology and Therapy of Disorders of Metabolism and Nutrition. By Professor Dr. Carl von Noorden, and Dr. Hugo Salomon. New York. E. B. Treat and Co. 86 pp.

The comparative novelty of theme of this little monograph must commend it to the progressive practitioner. We hear much, and justly, of the

evils of too scanty water-drinking. It is interesting and suggestive to find here noted the conditions under which, in the author's opinion, at least, too much water-drinking may work a mischief. Prominent among these are cardiac troubles, hemorrhagic conditions, and obesity. The authors' theories are clearly and conservatively expounded, and many valuable illustrative cases are cited. The little book will well repay the hour or so of time its perusal costs.

BOOKS RECEIVED.

Transactions of the Ohio State Homœopathic Medical Society, 1905. Forty-first session held at Cleveland, May 16 and 17, 1905. President, J. H. Wilson, Bellfountaine, Ohio; Secretary, C. E. Silbernagel, Columbus, Ohio.

Transactions of the Homœopathic Medical Society of the State of Pennsylvania, 1905. Meetings in Philadelphia, June 12, and in Altoona, Sept. 19. President. W. A. Seibert, Easton, Pa.; Secretary, G. B. Moreland Pittsburg, La.

ANNOUNCEMENT.

The Scudder Brothers Company, Cincinnati, Ohio, will issue early in February a new Eclectic Practice of Medicine, by Rolla L. Thomas, M.D., professor of Practice of Medicine, in the Eclectic Medical Institute, Cincinnati, Ohio.

This work will embrace over one thousand octavo pages, and will contain two full-page lithographs, five full-page color prints, and fifty illustrations in black. Cloth, $6.00, sheep, $7.00.

For Sale.—A Scheidel X-ray coil and high frequency apparatus. Complete, modern. Especielly adapted to therapeutic work. Address, M.A.C., 495 Columbus Avenue, Boscon.

PERSONAL AND GENERAL ITEMS.

Dr. Ray H. Davies, B.U.S.M., '03, of Hartford, Conn., has been appointed medical examiner for the Travellers' Insurance Company.

Dr. W. R. Musson, B.U.S.M., '04, now located in Antrim, N. H., has become medical examiner in his town home.

Walter J. Jillson, B.U.S.M., 1905. has located at 15 Parker Street, Gardner, Mass.

The Nobel prize in medicine for 1905 has been awarded to Prof. Robert Koch of Berlin, for his researches on tuberculosis and its possible prevention.

Homœopathic Physicians are entitled to the share of the official positions filled by medical men, and we are always glad to note their occupancy of such places.

We learn from the Monthly Bulletin of the city and county of San Francisco, California, that one of our esteemed subscribers, Dr. James W. Ward, is President of the Health Commissioners of that place.

Dr. D. J. Norton, another of our subscribers, of Evans, Colorado, is Health Officer of Weld Co. of that state.

We are in receipt of reliable information that there exists what would seem to be a good opening for a homœopathic physician in Allston, and also one in Revere.

We note with sorrow the death, last month, of Dr. Ernst Zeigler, the noted German pathologist. He had for years occupied the chair of pathology in Freiburg, and his works possess a world-wide reputation.

The *Homœopathic Eye, Ear and Throat Journal* presents, in the Jaunary number, an excellent full-page photograph of Dr. John B. Garrison, the new president of the Ophthalmological, Otological, and Laryngological Society. To this is added a complete biographical sketch.

Decreased Attendance in Austrian Medical Schools.—In 1895 the degree of doctor of medicine was conferred on 1,011 medical students in the universities of Austria and Hungary. In 1904 only 561 similar degrees were conferred.

Reciprocity for State Examining Boards.—New York and New Jersey licenses are now reciprocally recognized. The New Jersey licence is recognized by thirteen states, among which are Maine, Vermont, and Delaware.

For external applications in pneumonia cold water and hot poultices and hot water have had their advocates, but none of these things equal Antiphlogistine. Spread over the whole area involved in the disease (the thoracic cavity)—in front, on the sides and back—it will promote resolution, and give comfort to the patient.—*Medical Era.*

Dr. F. M. Morris, Hahnemann Medical College, Philadelphia, who has just completed a year of service at the Pittsburg Homœopathic Hospital, will devote several months to post-graduate work in pathology, clinical microscopy, and urinary interpretation in the pathological laboratories of the Boston University School of Medicine.

As plans are being made to make the March number of the Gazette a "Tuberculosis" number, no extended notes will be made on the recent tuberculosis exhibit at this time, except the statement that it was even more successful than its promotors had hoped it to be, nearly 26,000 persons attending.

The New England Hahnemann Association at its last meeting appropriated two hundred dollars to be used in the purchase of new books for the library of Boston University School of Medicine. It also made provision for a memorial plate of the late dean, Dr. I. T. Talbot, to be placed in the front of each book thus procured.

Dr. James C. Wood, ex-president of the American Institute of Homœopathy, has resigned his position as professor of gynæcology in the Cleveland Homœopathic Medical College, and will devote his entire time to his specialty. His place will be taken by Dr. W. B. Roper, who has for some years been Dr. Wood's assistant.

An unusual meeting of our allopathic frends recently took place at their meeting in Denver, Col., when a paper on homœopathy was read to them, further explained by two practising homœopaths. Such occurrences do much to remove all feeling of unpleasantness between the two sects, and should be welcomed by all homœopaths, as we are willing to stand or fall with the results of a fair investigation.

British Medical Association.—The next meeting of the British Medical Association will be in Toronto, Canada, during the latter part of August, 1906. This will afford excellent opportunity for the English, Canadian and American physicians to add to that good feeling and mutual respect that is now being cultivated.

Amalgamation.—One more medical school has left the ranks of the independent colleges and become affiliated with a university. The Medical College of Indiana has become the School of Medicine of Purdue University, and remains in its former location in Indianapolis where clinical facilities are accessible. Such a union should increase the stability and render more valuable the resources of the institution.

If there is any truth in Prof. Metschinkoffs theories that certain Lactic acid bacteria prolong life by preventing Autotoxication from the decomposition of organic matter in the large intestine, Metcalf's Kefir-Tej should be a valuable food especially in Anæmia, Tuberculosis and other wasting diseases, for it contains a large amount of these beneficent bacteria. It promises to be one of the best of the various foods made from milk, for it is not only easily absorbed but assists in digesting other food.

Hanhemann Medical College of Philadelphia, following the example recently made by the New York Homœopathic Medical College, announces a post-graduate course from May 7 to May 26. It will consist of clinical, laboratory, and special sections, of which students can take any one, or all. We welcome one more means of obtaining post-graduate instruction without being compelled to go to those colleges where homœopathy is still viewed with disdain.

Doctors Debarred. According to the *Medical Times*, the city of Zurich, after having grappled successfully with questions of hygiene, impure water and adulterated food, has disposed of the "final menace to public health—the doctors." To the medical fraternity Zurich is now a closed borough, states an exchange. Forty physicians only have been approved by the municipality, salaried at the rate of £500 each per annum. For this they are to treat all comers gratis. A poll tax of four francs on each inhabitant is levied to pay these salaries.

Reports concerning the size of the entering class from three of our homœopathic colleges, have given us most pleasing thoughts. The freshman class of Hahnemann of Philadelphia is reported to have an unusually large class in which the preliminary preparation is above the usual standard. The homœopathic department of the University of Michigan opened late in September with a most satisfactory number of new faces.

The Class of 1909 of the Medical School of the Boston University is larger than its predecessor, which in its turn, was fully one hundred per cent larger than the class which preceded it.

In the beginning of the present college year the homœopathic department of the University of Michigan opened a "laboratory of experimental pathogenesy" under the direction of Dr. C. A. Burrett. The establishment of such a department of experimental homœopathy, for such this is to be, is an innovation in the medical schools of this country. Provings are to be carried on under the most careful supervision of trained laboratory workers. Animal inoculations and experimentations will be performed when necessary.

Our best wishes will go with our colleagues for great success in that work in which we are all so vitally interested.

A Novel Use for an Ambulance.—A correspondent of the J. A. M. A. says: When an ambulance of the Williamsburg Hospital recently reached the house from which a call had been sent, the surgeon found that he had been summoned by the mother of a bad little boy who was refusing to take

a dose of some needed household remedy. The mother had carried out her threat to call the ambulance if he "wasn't good," and calmly asked the irate doctor to carry out his role of "bogey man."

Death of President Harper.—Dr. William R. Harper, President of the University of Chicago, succumbed to the effects of intestinal carcinoma on Jan. 11, 1906. It will be remembered that some months ago an operation on the late president was widely advertised in the daily papers. At that time an inoperable cancer was discovered. Since then all methods of treatment, including the X-ray, only succeeded in giving moderate relief from pain, not apparenly retarding in the least the progress of the disease. Till within the last few days Dr. Harper continued his usual work as far as his strength permitted. Having thus been prepared for his coming decease, he was so able to arrange all things that the University, to which he gave his best work, will feel his loss as little as possible.

On account of fire the *Alkaloid Clinic* was temporarily compelled to suspend activities. It has recently reappeared, however, under a new name, *The American Journal of Clinical Medicine.* Two new editors, Drs. W. J. Robinson and Emory Lanphear, both experienced journalists, have been added to the staff, which will do much to give added strength to the publication. The first copy is certainly deserving of much credit and contains much information arranged in an accessible manner. Its expressed platform will certainly be of interest to homœopaths, —"the smallest possible quantity of the best obtainable means to produce a deserved therapeutic result."

We wish it all possible success in its endeavor to give the most information possible within the limits of a monthly magazine.

International Homœopathic Congress.—At the annual meeting of the British Homœopathic Congress, held at St. Leonard's last September, the question of the coming international congress was freely discussed. The feeling seemed to be unanimous that all the members possible should try to so arrange their affairs as to enable them to visit Atlantic City next summer. Some criticism was made that they were not specially requested to contribute papers but all felt this to have been an oversight and not a deliberate omission.

Three of the members, Drs. Goldsbrough, Dyce Brown, and Knox Shaw were appointed as a committee to co-operate with similar committees from other societies in the endeavor to arouse British enthusiasm and insure a large representation. Dr. Edwin A. Neathby (London) was elected president.

The Gazette is in receipt of the following: In view of the fact that the United States Government is conducting a series of experiments to determine the effects of various drug substances, whether injurious or not; and in view of the fact that homœopathic medicine is therapeutically based upon the provings of each single drug substance upon the healthy organism to determine its specific and exact action in disturbing cellular or functional equilibrium, and that, therefore, any government proving may be made of scientific value in the cure of disease, we, the members of the Homœopathic Medical Society of the County of New York, respectfully recommend, that, in further experiments a homœopathic preparation of the drug-substance be administered to several of the provers, and that the effect, mental and physical, with careful regard to the character, location, aggravation or amelioration (as from heat, cold, pressure) of each symptom be noted in all cases (also in those taking crude doses), that the government commercial provings may be made of therapeutic value to the 15,000 homœopathic practitioners, to the hundreds and thousands of taxpayers under homœopathic treatment, and to exact medical science in general.

Adopted and ordered sent to the Secretary of Agriculture, and to all our journals,

THE NEW ENGLAND
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ORIGINAL COMMUNICATIONS.

EARLY SYMPTOMS OF TUBERCULOSIS.

BY G. N. LAPHAM, M.D., RESIDENT PHYSICIAN, STATE SANATORIUM, RUTLAND, MASS.

The very gratifying results which have been accomplished during the past few years in the treatment of incipient pulmonary tuberculosis by modern sanatorium methods, have apparently led many to believe that perhaps, after all, it is not such a serious affection as it has always been considered, and a few weeks or months in a sanatorium, or a short residence in the country, with plenty of nourishing food, is all that is necessary to cure all but far advanced cases. But if any one fact has impressed itself more strongly than another on the minds of sanatorium workers, it is that an early diagnosis and prompt and efficient treatment is most essential if the best results are to be obtained. After the disease has become moderately advanced, the possibility of cure is greatly lessened. To quote from an article from Dr. Clapp on "What cases are suitable for sanatorium treatment": "In early stages (at least three-fourths of them) cure can be effected, in far advanced cases (with a few rare exceptions) cure can never be effected; moderately advanced cases sometimes end in recoveries, but often not. They are always doubtful."

The early symptoms of pulmonary tuberculosis are not marked, and in fact may be so slight that the patient may entirely overlook them, or consider them not worthy of notice, maintaining that he is "quite well." In such cases it is only by the most careful inquiry that the physician may elicit symptoms of importance in making a diagnosis. Occasionally the patient may be unwilling to tell the whole truth for fear of being told that he has consumption, and possibly that he ought to go to a sanatorium.

Valuable information may often be obtained from relatives who have been closely associated with the patient and had the opportunity of observing his condition from day to day.

When the patient is questioned as to the earliest symptoms noticed, a very common reply is that his cough began with a "cold," which he had contracted a few weeks or few months previous,—that following this he had a slight "bronchial cough," which persisted until he contracted another "cold," after which the so-called "bronchial cough" was aggravated. Either of his own accord, or at the solicitation of his friends, he comes to the physician for a cure for his "catarrh" or "bronchitis." It is the same old story, so often repeated, with some variations, and I have called attention to it to urge the necessity of regarding with great suspicion every case in which a cough following a "cold" persists for several weeks. Such a condition certainly warrants a careful physical examination of the chest, examination of the sputum, if any, and the institution of a strict regimen of open-air treatment, nutritious diet, and careful attention to the proper disposal of the sputum.

Cough is usually present in varying degree in the early stage of the disease. It is at first very slight, of a dry, hacking character, and may or may not be accompanied by expectoration. In the stage of infiltration, before there is any breaking down of the tissue, tubercle bacilli will in all probability not be found. It is in this stage of the disease, however, that the most satisfactory results can be accomplished in the way of treatment, for it is often possible to make a diagnosis long before tubercle bacilli are found in the sputum. Indeed, it often happens that there may be extensive involvement of one or both lungs, where repeated examinations are required to demonstrate the presence of the bacilli.

A daily elevation of temperature, if persistent, is a symptom which should excite a suspicion of tubercular disease in cases where other possible causes can be eliminated. It is advisable to have it taken, if possible, every few hours for a few days to determine the average degree of elevation, as well as the time of day at which it occurs. Incipient cases may run a slight temperature for several days, or even weeks, but unless it persists for a long time it does not necessarily indicate a bad prognosis. Recurrent periods of high temperatures, on the other hand, are very favorable, as has been shown by recent study of a series of cases of this character.

A rapid pulse is now regarded as an important symptom in early diagnosis of phthisis. It is often associated with elevation of temperature, but may be high when the temperature is normal. A markedly sub-normal temperature with high pulse indicates a bad prognosis, even when the physical signs are slight. What bearing a persistently high pulse may have on the prognosis of any case is an interesting field for an investigation. Not enough cases have been as yet reported to warrant any definite conclusions. From the records of the Massachusetts State Sanatorium one hundred incipient cases were selected, fifty of whom had left the institution with the disease arrested, and after two years were perfectly well; the other fifty cases selected had left with the disease arrested, but all had relapsed. A comparative study of these two classes of cases showed that the relapsed cases averaged a pulse rate of twenty per cent higher than the well cases. This would seem to indicate that a persistently high pulse points to an unfavorable prognosis.

Loss of appetite is a common symptom in the early stage of phthisis, and there is usually an accompanying loss of weight. As a general rule, however, rest from work, and change of environment is followed by rapid improvement in both weight and appetite. This occurs even in advanced cases, and often gives rise to a false hope among the patient's friends that after all, the case is curable, but in this stage the improvement is usually but temporary and sooner or later the patient's strength declines, and he loses ground rapidly.

Pulmonary hemorrhage as the initial symptom of the disease is comparatively rare. From a study of the records of fifteen hundred applicants for admission to the State Sanatorium, in only eleven per cent was hemorrhage found to antedate all other symptoms. When it does occur early in the disease it may be considered a fortunate circumstance, as it is the one symptom that usually frightens the patient, and impels him to seek professional advice, and faithfully follow it.

Although hæmoptysis may be due in rare cases to heart lesion, where this cause can be eliminated, it is safe to assume that in nine cases out of ten, it is due to the tubercular lesion. Nor is hæmoptysis necessarily indicative of erosion of the walls of the blood vessels in the affected area. Increased arterial tension is undoubtedly a more frequent cause of hemorrhage in incipient cases.

In the above fifteen hundred cases thirty-two per cent of the incipient cases give a history of hæmoptysis as did exactly the same percentage of advanced cases, showing that hæmoptysis is no more frequent in the advanced than in the earlier stages.

Dyspnœa on exertion is usually present in incipient cases, usually about in proportion to the extent of lung involvement.

Pain in the chest, apart from genuine pleurisy, is not a symptom of importance. These pains may be due to myalgia, neuralgia, or rheumatism, and are migratory and often referable to unaffected areas. But to the patient they seem of grave importance. He often imagines that they indicate extension of disease or new areas of infection, and palliative treatment of even slight pain is usually necessary to ease the patient's mind and restore his confidence.

Pleurisy with or without effusion is a common complication in the incipient stages. In the larger number, however, it is of the dry variety and of short duration.

Dilatation of the pupil is frequently seen in incipient tuberculosis, but is of significance only when taken into consideration with other symptoms.

Laryngeal tuberculosis may occur infrequently as a complication of the pulmonary form, and adds greatly to the gravity of the disease even in the incipient stage. Huskiness or hoarseness may occur frequently in the early stages of the disease, due to catarrhal condition of the larynx or a mild laryngitis, but this affection is usually temporary, clearing up rapidly under treatment.

Like the symptoms of incipient phthisis, the physical signs in the early stage may be slight, and often so slight that only by considering the symptoms in connection with slight changes in breathing and percussion noted over certain areas can a positive diagnosis be made.

In a very large majority of cases, the disease begins at one apex. The area of infiltration or beginning of the consolidation of lung tissue is indicated by more or less dullness, bronchovesicular breathing and often bronchophony, all these signs increasing with the degree of consolidation. Sibilant or occasional fine moist rales may be found in the incipient stage, over the affected area, but the presence of rales is not necessary in order to establish a diagnosis. Often there may be a consolidation, and the symptoms may become very prominent before any rales appear in the chest.

Although the tubercular process usually begins at one apex and radiates from this point, there may be found one or more small areas of consolidation in different parts of the lung. Outside of the apices, the anterior axillary region seems to be in many cases the point of election.

Friction sounds are often mistaken for fine, moist rales, and may be very confusing. These sounds may disappear, and re-appear frequently. It is desirable to keep accurate record of each examination, if for no other purpose than to make comparisons of the conditions found from time to time.

Depressions above and below the clavicle may occur with contraction of the lung at that point, but more often found in more advanced stages. Much has been said in the past about the flat chest, indicating a particular predisposition to phthisis, but the disease appears as often in the well-developed as the flat variety.

Cog-wheel respiration may occasionally be heard in any part of the chest, but is of little significance except when heard at the apices where, in the absence of other signs, it may give rise to a suspicion only of beginning of tuberculous infiltration.

Basic tuberculosis, unaccompanied by apical involvement is a rare condition. The signs are obscure in the early stage; dullness, and a few moist rales occur usually in the infra scap. ular region. The symptoms are always slight, and this form of the disease seems even more insidious in its onset than in the cases of apical involvement. Improvement is also usually slower, and there is manifestly a greater tendency to relapse.

It cannot be urged too strongly, if the symptoms and physical signs are sufficiently suspicious to warrant, a tentative diagnosis of pulmonary tuberculosis may be made even before bacilli are found in the sputum. If it is impossible for the patient to go to a sanatorium, the treatment should be instituted at once at home, the patient following out as closely as possible a regimen of cold baths, nutritious diet, and life in the open air.

Indeed, in those cases where there is no particular suspicion of tuberculosis, but where a patient's condition is below par, if such treatment were continued for a few weeks or months, it would be of incalculable benefit to the patient, both morally and physically.

THE ROENTGEN OR X-RAY IN THE DIAGNOSIS OF TUBERCULOSIS OF THE LUNGS.

BY WILLIAM H. DIEFFENBACH, M.D., ELECTRO-THERAPEUTIST, FLOWER AND HAHNEMANN HOSPITALS, NEW YORK CITY.

The discovery of the X-ray by Wilhelm Conrad Roentgen in 1895 inaugurated a new era in diagnosis, and the value of this agent in the special field of pulmonary tuberculosis has been quite thoroughly elaborated. X or Roentgen rays suitable for examinations of the thorax can be secured through Ruhmkorff coils, the improved high-frequency apparatus, or large modern static machines which are employed to energize a six or eight inch Crooke's tube. The relative merits of these energizers have been determined in favor of the coil, particularly for skiagraphic purposes, although sufficiently powerful machines of the other types in the hands of experienced operators can be made to produce satisfactory results.

The scope of this article precludes delving into the physics of the Roentgen ray or the construction of the apparatus, and their relative merits. We will merely mention and explain a few terms which will occur in the text from time to time, so as to be more readily understood.

Various skiameters (appliances for measuring the penetration of Roentgen rays) have been introduced. Of these the Benoist, consisting of graduated thicknesses of aluminum, and the King skiameter, consisting of metals of different opacity may be mentioned. A skiameter in use at the Flower Hospital, New York, which has proven serviceable, consists of the articulated hand, wrist, and forearm of the skeleton fastened to a stand, which can be readily handled. The terms, *low, medium,* and *high,* in speaking of the vacuum of tubes and the penetration of Roentgen rays are still in vogue, and until a general skiameter is adopted will continue to appear in the literature on this subject. A low tube (also called a soft tube) shows the bones of the hand black in shadow, and its action on the tissues is principally superficial. A high tube (also called a hard tube) shows the bones of the hand grayish or white in shadows, and while affecting superficial tissues to a minor degree than a low tube has more penetrating power than the low tube, and is therefore employed for fluoroscopic work especially. A medium tube is one showing a dark gray shadow of the bones of the hand, and its action lies between that of the low and high tubes, depending on the vacuum. These terms are not precise, as the vacuum of a tube undergoes frequent change, and the designation of the tube must be

altered accordingly. Testing is required to determine the status of a tube at the time of its employment.

At the Roentgen laboratory, University of Vienna, the operators determine the vacuum of the tubes as follows: If the tube is well energized and a crepitant or crackling sound is heard they designate it as a hard tube; if a bluish light or spot is noted on the anode, the tube is a low one; if there is slight crackling and very little blue light on the anode, the tube is of a medium vacuum. This method has been found reliable and obviates the use of skiameters.

With flawless apparatus and a correctly gauged tube, examinations of the thorax may be made either with the fluoroscope or screen, preferably the latter, in which case the room must be darkened through black shades, or the examination held in a suitable dark room. If permanent records are desired skiagrams are required. The screen or fluoroscopes *if used frequently* must have lead glass coverings for the protection of the eyes and face of the operator, and the latter should wear a lined leadfoil cap, long, leadfoil apron, and opaque gloves, for personal protection.

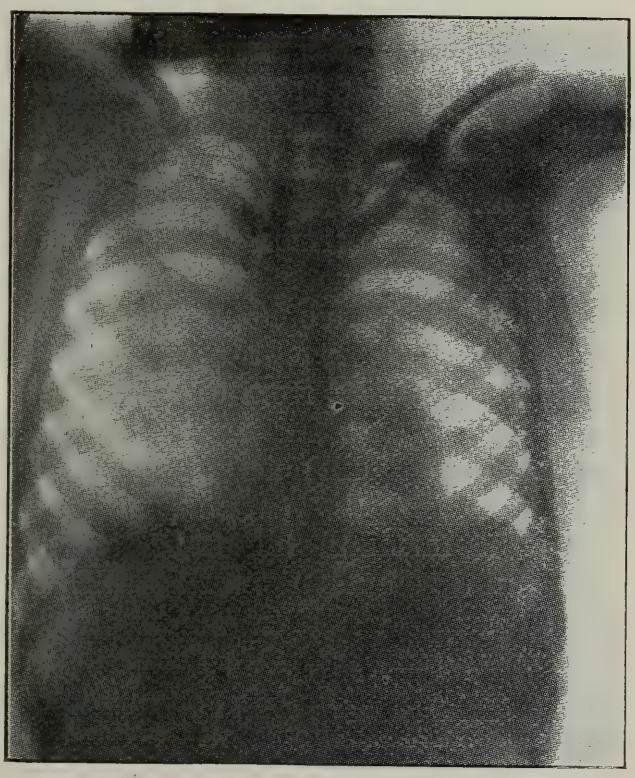

Fig. 1.

Before undertaking the examination of patients for thoracic examination by means of Roentgen rays, it is essential to carefully study the normal thorax by means of the fluoroscope or screen, to examine a large number of radiographs or skiagraphs in order to become familiar with normal conditions and deviations from the normal. An excellent skiagram of the normal chest, Fig. 1., will familiarize the reader with the

average appearance of the normal thorax. Changes in outline of the heart, aorta, lungs, and other structures predicate some abnormal condition. In fluoroscopic or screen examinations, the patient bares the upper portion of the body, and is placed eight inches from the tube convexity, the lead glass-covered screen or fluoroscope being applied close to the skin, the target of the tube being directed over the centre of the region to be examined. This cathode target should be changed as the screen ascends or descends (preferably by means of a rachet arrangement) as the best penetration is obtained in a central line with the target. But a few minutes are required for careful examination, the anterior and posterior aspect of the thorax being thoroughly mapped out and, if preferred, sketched on a glass plate fastened over the anterior surface of the screen. The tube for these examinations should always be a tested one of *high vacuum* to secure penetration and detail.

For securing permanent skiagraphic records of thoracic examinations, some special practice and skill are required. With present perfected apparatus the chest can be skiagraphed in from one to thirty seconds by means of a 16-20 inch spark gap coil, and from three to eight minutes with a large static apparatus. The coil is preferable as rapid exposures are necessary in order to prevent interference with the image through respiratory action. To secure the skiagram, the apparatus, including the tube, is carefully tested, the patient placed in a recumbent position with arms extended over the head. A suitable table is employed and a special, rapid X-ray plate, size 14x17, or 11x14, depending on the size of the patient, is placed in the plate-holder below the parts to be skiagraphed. In important cases it is always desirable to take two exposures, or an anterior and posterior skiagram. The length of the exposure depends on the character of the tube and the apparatus and the depth of tissue to be penetrated. The more corpulent the patient the longer the exposure. Plates after exposure should be carefully marked with the case number, date, subject, etc., and developed and fixed, *lege artis*, as promptly as possible. If required, prints can subsequently be made from the finished plates, or the latter alone may be stored away as permanent records of the case. The skiagraphs can be taken from time to time, and the progress of the case noted. In tuberculosis of the lung the clearing up of a former hazy zone predicts a favorable

termination of the lesion at that site, showing resolution of tissue to normal conditions. On the other hand, increased shadows or haziness indicate a spread of the consolidation with less favorable prognosis.

FLUOROSCOPIC AND SKIAGRAPHIC APPEARANCE OF THE THORAX.

If we examine a normal thorax, Fig. 1., we note a central opacity of both sides of which the lattice work produced by the ribs will be seen, between which is the clear or diaphanous space. The central opacity is caused by the vertebral column, the sternum, the large blood vessels and the heart. The shadows of the latter are noted sometimes to the right, but generally to the left of the median line, and in close contact with the diaphragm. By placing the arms of the patient over the head, the scapulæ are rotated outward and the lung space in the respective regions appears clear. In screen or fluoroscopic examinations the motion of the diaphragm can be closely studied. This is an important part of the examination as limited excursion of the diaphragm (Williams' sign) is now recognized by all radiologists as an early sign—*if not the earliest*—of involvement of the lungs. The diaphragm can be best studied by placing the fluoroscope or screen at the back of the patient about the sixth to eighth dorsal space. In health, with normal respiration, the diaphragm moves one-half to three-quarters of an inch on either side; in forced respiration the right leaflet of the diaphragm moves $2\frac{3}{4}$ inches, the left but $2\frac{1}{2}$ inches. In the study of many normal cases the average difference of one-quarter inch between the right and left leaflets has been amply corroborated, showing increased mobility on the right side, due, as is recognized, to the position of the heart and blood-vessels. Williams (Roentgen Ray in Medicine and Surgery, 1902) was, we believe, the first to emphasize the fact that in incipient tuberculosis of the lung, one of the first signs noted was lack of excursion of the diaphragm of the side affected. This has been verified so frequently and is so valuable a diagnostic point that *Williams' sign* should be looked for in all cases of persistent cough, and an early tentative diagnosis of tubercular invasion will be warranted if this sign is present, and the symptoms of other well-known lesions are eliminated and differentiated.

Tubercular invasion can be diagnosed by this method of precision much earlier than by the finding of Koch's tubercle

bacillus in the sputum—for in the latter case there is already purulent decomposition and breaking-down of tissue, indicating a lesion of some standing. Percussion and auscultation, even the percussion method of Kroenig, appear much later in the disease as a positive factor than the fluoroscopic or skiagraphic signs. When the lung is primarily attacked, even before marked changes in temperature are noted, the diaphragm will be found less active on the affected side. Observation of its increasing immobility or its return to normal mobility will assist the observer in rendering judgment as to improvement or aggravation.

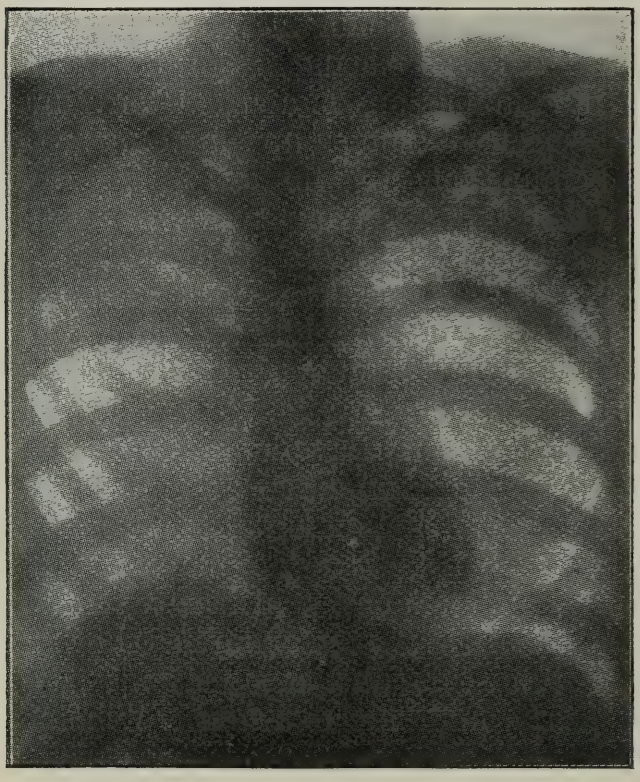

Fig 2.

In tuberculosis, the fluoroscope or skiagraph shows a mottled or grayish appearance of the parts involved: Fig. 2. This haziness will, wherever consolidation supervenes, become darker; if on the contrary, improvement takes place, the normal clear or diaphanous space will reappear. If cavities are formed, a white, clear, usually rounded but slightly irregular space, surrounded by dark spaces of consolidated areas will be noted.

In some cases when the cavity contains pus or exudates, the diagnosis is impossible, owing to the fact that the shadows will harmonize more or less with the surrounding consolidation. Records of these fluoroscopic surveys are valuable for purposes of prognosis, as the progress of the disease can be accurately determined.

The technic in the examination of a suspected case of pulmonary tuberculosis consists in the diaphragmatic survey

already discussed, this being followed by the examination of the side of the chest, which the diaphragmatic examination points out as the affected one. Comparisons of both sides are then in order to make sure of conclusions. Different degrees of haziness will be noted: slight haziness, marked haziness, and a black shadow indicative of consolidation. In most cases it is best to examine the chest anteriorly and posteriorly.

DIFFERENTIAL DIAGNOSIS

In EMPHYSEMA of the lung, excursion of the diaphragm is limited especially in the upper area, the normal rise of the dome of the diaphragm being absent. We find, in addition, usually the characteristic barrel-shaped thorax, the ribs being in a horizontal position during forced inspiration. The heart is usually in a vertical position due to the lowering of the diaphragm and increased pressure of the lungs. Portions of the lung present a whitish, absolutely transparent appearance of the parts affected, surrounded by an area of less transparency or even slight opacity.

In PNEUMONIA, an accurate diagnosis of a *central* lesion can be made—the area showing a dark shadow of distinct consolidation. This lesion, central pneumonia, has theretofore been diagnosed usually by exclusion. The history of the case, with the rapid appearance of dark or hazy interspaces between the ribs will not make differentiation difficult. The diaphragm is, of course, limited in its excursion on the affected side—if the lesion is bi-lateral total immobility of the diaphragm will be present.

In PLEURISY with effusion, the outline of the opaque shadow of the fluid is well defined, the opposite side showing normal transparency. In this disease restriction of breathing, instead of hyperactivity of the well side as noted in pneumonia, is a feature.

In MILIARY TUBERCULOSIS, the lung presents a characteristic disseminated mottled appearance, which, when once seen, can be instantly recognized.

In conclusion it can be stated that in the Roentgen ray method of examination we have a means for the early detection of tuberculosis with its invaluable importance for early treatment; are able to watch the progress of the disease and render valuable prognostic service through the frequently changing but reliable picture presented on examination.

REST AND EXERCISE IN THE TREATMENT OF TUBERCULOSIS.

BY JOHN EDWARD WHITE, M.D.
(Medical Director of Nordrach Ranch, Colorado Springs, Colo.)

The intelligent prescribing of rest and exercise is the first and most important thing in the treatment of tuberculosis, and the success of all future treatment will depend upon it. We certainly cannot hope to effectually arrest the disease in a large percentage of cases unless this rest and exercise are under control. How very few physicians understand the great importance of each, and the simple rules that govern their application. It is very difficult for a physician in private practice to regulate the rest and exercise, owing to the difficulty of controlling the patient. One day he is feeling badly and will take too much rest, the next he is feeling better and perhaps he will ride horseback for many hours, upsetting days of actual gain. In this way the patient is constantly see-sawing back and forth until he reaches a point where nothing can be done.

It seems so strange that we did not recognize the value of rest years ago. We employed it in the treatment of nearly every other disease, especially in surgery; but why did we neglect to enforce rest in the treatment of tuberculosis? The advice heretofore has been to take exercise, get out and walk, ride horseback, etc. Now we make our patients take a maximum amount of rest until the disease is arrested, and then begin with our exercise.

The thermometer should guide us in advising rest or exercise; an accurate temperature and pulse record should be kept of every case, for it is only when we know the daily range of each that we can intelligently prescribe either. It is very hard in private practice to keep an accurate record, owing to the difficulty of making the patient see the necessity of doing so; and again we find many patients who ought not to know their daily temperature, as it keeps them constantly in a worry. Tuberculosis is, in a majority of cases, a direct result of overwork, either mental or physical, or both; and the first thing to accomplish is to regain this lost vitality by enforcing a rest, complete rest, too, in bed if temperature indicates the necessity. If one wishes to get well of this almost incurable disease, there can be no compromise in regard to rest. It must be complete and absolute; all work for the present and plans for the future must stop.

The Germans have taught us that the rest must be complete and in the open air until temperature ranges for ten days below 100 degrees and pulse below 110. It may take a few days, or a few weeks, or many months, to bring pulse and

NORDRACH RANCH WITH PIKE'S PEAK IN THE DISTANCE.

temperature within this range, and I believe that time bears a direct relation to the time leading up to the final breakdown. If one has overworked for years, indoors usually, it will require all the way from six months to two years to effect a cure.

We often find after a patient begins to rest in the open air that the temperature will drop first, the pulse still remaining high. The relaxation should continue just the same until the pulse rate is also lower. If tuberculosis is a direct result of overwork, it is also a direct result of indoor life. Trace the history of nearly every consumptive, and you will learn that his trouble was contracted in a poorly ventilated office or house, and in poor hygienic surroundings. Nearly all have

NORDRACH RANCH WITH HILL BACK OF IT.

that fear and aversion to fresh air, produced by too long a residence indoors.

The rest in the open air should consist of sitting out in a comfortable position in some protected spot every hour of the day and every day of the year, no matter what the weather may be, together with sleeping either in a tent, protected veranda, or in the house with all windows wide open at night. A consumptive should have for his motto, "Every hour in the closed house is an hour lost." There is no excuse for losing a single hour, no matter what the weather may be. One does not have to unduly expose himself; he can be made extremely comfortable with blankets, soapstones, etc. The colder the weather the better the results, for we have in cold air our most valuable aid in reducing temperature. During the winter, we get our quickest and most permanent results. During cold weather, it requires constant urging and persuasion to crowd patients into the open air. It is far easier to do so in sanatoria, and for this reason results are far better in sanatoria.

A cure depends upon early diagnosis and early submission of patient to the right kind of life. This life of rest, sitting out day after day, with nothing to do, is a very hard thing to get used to, especially so to those who have been active business people, but the whole cure depends upon it. By forcing a patient to lead this life of inactivity, it not only gives the whole system the long rest so much needed, but it gives the diseased lung physiological rest, and this way nature is given every chance to heal a diseased lung surface. A surgeon would not expect to unite a fracture or heal a badly sprained ankle and at the same time allow the patient to walk about on the injured member. The same rules of rest are just as important in treating tuberculosis. After this period of enforced rest (and the time varies from a few days to many months) and the temperature and pulse are at the normal again, then it is well to begin exercising, slowly and gradually at first, watching the temperature carefully to notice effect of fatigue. This exercise should be very carefully watched and controlled, for there is great danger of starting up again an activity. The exercise should be in the form of walking, alone at first, and for a given distance marked out on a path or roadway, which should have a gradual ascent away from home and a descent toward home again. Patient should select a slow, steady gait, never talking while walking, as it requires too much additional lung power. Frequent stops should be made, avoiding at all

times either fatigue or shortness of breath. These rules of exercise at first must be ironclad, and strictly followed, as you can never depend upon patient's using good judgment; and if at any time temperature rises, the rest cure must be followed again until such time as it will permit of exercise. I have found in sanatorium practice that just at this time, at the point where we begin to let a patient take exercise, is the time when we should be most careful to have absolute control. The patient feels that he is getting well and is tired of rest, wants to recover too rapidly, and is very apt to overdo the matter.

We have also found that just at this most critical time the patient is liable to break away from a sanatorium and its control, and we have seen a great many relapse, never to recover. What a great mistake many make,—and they see it too late, but cannot rectify it. At this time no amount of talking or advice will convince or point out the danger to many; they must learn by experience; this knowledge usually costs them their life. To resume, we will say that the patient has faithfully taken the cure and the temperature has been brought to the normal (many are not so fortunate)—what has been accomplished? Nothing more or less than that nature has taken the first great step and brought the disease to a standstill, arrested or stopped the formation of other tubercles. There has been no healing, a cure has only begun. Any little thing may again upset all. Each upset means new lung surface involved, a longer time to effect a cure and many less chances of it.

If a patient by this time has learned his lesson well, and knows how to avoid the danger of relapse, he will, by continuing in the right course, eventually reach that goal (a cure) that he has so patiently sought. Since the majority do not learn this lesson, it is far better for them to place themselves in a sanatorium, where others do their thinking, and all they have to do is to follow instructions. At the reduction of temperature, or arrest of the disease, a cure is in sight, very faintly visible to be sure, and liable to disappear at an unguarded moment, never to reappear again. It must be grasped upon appearance and held with an iron hand. The flighty and poorly-balanced individuals never do accomplish a cure. The well-balanced, those willing at all times to do the right thing and make everything subservient to getting well,

can be promised a cure, with fair chances of success if not too far advanced.

To glance back, we find that at first the struggle consists of rest in the open air until such time as temperature and pulse are controlled. It then becomes a question of rest combined with exercise, and each so nicely controlled and adjusted to each other that a patient cannot relapse on account of too much of the one and not enough of the other. This regulating of exercise looks like a very simple matter, and one that could very easily be carried out in private practice, but I say emphatically that no physician can enforce these simple rules in private, for the reason that he has neither the time nor the inclination to stand over individual cases day after day and month after month and make them do the right thing. It is a matter of constant control and supervision. Grown people are like children,—the moment the physician's back is turned many will do the wrong thing again. It is only in a well-regulated sanatorium that all these simple rules become easy. Everyone is doing the right thing, and a newcomer soon falls into line. Exercise in tuberculosis, at the proper time, is equivalent to passive movement of an injured joint in surgery to gradually return the parts to their normal functions. Many adhesions have formed in the lung during the process of repair; we call this healing by fibrosis. By moderate exercise, gradually increased, some of these adhesions are gently broken up and a certain amount of diseased area reclaimed.

It stands to reason that this exercise should be gentle and not under control of patient, for he knows nothing of his own requirements. If the exercise is too violent, the adhesions are too roughly broken; a hemorrhage or rekindling of the old activity is the result.

To glance still further into the details of rest and exercise, let us see how a case is really cured. Does one lose his bacilli? No. Nature encapsulates in curable cases, boxes them up, confines them where they can no longer infect healthy mucous membrane in passing over. Rest helps to encapsulate, and at the proper time exercise is just as essential in clearing up some of the surplus scar-tissue. The danger of too violent exercise is in breaking open the capsule, nature's effort to obliterate. If the capsule is broken, bacilli are again scattered and liable to again infect new lung surfaces.

Tuberculosis is curable. Of this fact I am thoroughly convinced, but the struggle is a long one, and the majority have

neither the money nor the patience to reach a cure. The sanatorium offers much, but the control of the patient must continue over a longer time; otherwise some will relapse. When patients and the public are better informed as to the time required in effecting a cure, and there is a better understanding of the whole question, then we can hope to effectually eradicate the disease. Dr. S. A. Knopf, of New York City, recently pointed out in his address, at Baltimore, that the possibilities of eradicating pulmonary tuberculosis depend upon the combined action of a wise government, well-trained physicians, and an intelligent people.

Each time a patient slips back into an active progress of the disease, he has less patience, less confidence and usually less money to pick up the struggle and go over all again. So it behooves us to get our cases as soon as we can, and to have absolute control of them as long as we can. The longer the better, for the patient; for the further we carry him on his road to recovery, the less liable is he of having a relapse on account of his own indiscretion.

At Nordrach Ranch we find that cases that have been in Colorado for some time and not benefitted, are hard to do much with; they cannot get results, for they will not stick to anything or to any one place long enough to effect a cure. We prefer new cases direct from their physicians at home; such cases can usually be taught and started in the right direction; they are not possessed of that great evil, restlessness, which really stands between every consumptive and his cure.

Scarlatina, Prophylaxis.—In spite of the strong testimony in favor of the pre-administration of belladonna, apis, or rhus, of the most eminent men favoring belladonna in the thirtieth potency as a prophylactic against this disease, the writer has seen no instance offering any evidence in any way conclusive to himself, of the preventive power of any drug, in any potency, or in any mode of repetition. Preparations of belladonna of known and proven efficiency, and of accurate potency, from the third to the 100th have been employed, with the result, in many cases, it is true, of delaying the eruption, and apparently lessening its force, but also very often with unpleasant consequences later on, so that it has appeared to do more harm than good, whether given only twice, or three or four times a day. When the writer, however, is treating this disease, he always gives a dose of belladonna to each inmate of his own family, and so far not one of his children has had it.—Cranch in *N. A. J. of H.*, November, 1905.

SOME OBSERVATIONS ON THE DIAGNOSIS AND TREATMENT OF LARYNGEAL TUBERCULOSIS.

BY GEORGE B. RICE, M.D., PROFESSOR OF LARYNGOLOGY, BOSTON UNIVERSITY SCHOOL OF MEDICINE.

It has long been recognized that advanced tuberculosis of the larynx is difficult to treat successfully, and that the progress of the affection is attended by great suffering. Authorities claim that between twenty-five and thirty per cent of cases of pulmonary tuberculosis are sooner or later complicated with a laryngeal infection. It has been demonstrated that early recognition and proper treatment of the pulmonary forms result in a good proportion of cures, and recent experiences have demonstrated that the same favorable showing can be made in the cure of the laryngeal involvement if only recognized early.

The following are the symptoms, both subjective and objective, in the usual order of appearance, based upon the study of a large number of cases in the author's own practice and that of others.

Subjective.	Objective.
Hoarseness: This may be constant, or temporarily relieved by clearing the throat.	The larynx may present a general mild catarrhal appearance, with marked pallor of the tissues, and slight tumefaction about the arytenoids.
Pain: Pain on swallowing with strangling and choking at times, on taking liquid food. Hoarseness may be slight.	Pain as an early symptom is usually caused by inflammation and infiltration of the epiglottis. Examination will show redness, tumefaction, and marked interference with the movements of the epiglottis and imperfect closure on swallowing.
Marked Hoarseness or Aphonia: The voice may be high pitched and cloudy, or merely a hoarse whisper be possible.	Here the arytenoids may be tumefied, interfering with the adduction of the vocal bands, or one or both vocal bands may be thickened, and the movements greatly restricted. Certain circumscribed areas may be highly reddened and swollen. while the surrounding tissues are pale, relaxed, and covered with tenacious mucus. As the disease advances, the circumscribed areas break down and form tuberculous ulcers. The ulceration in order of usual appearance will be seen, first, on the soft structures covering the top of the arytenoids, second the false vocal bands, third the epiglottis, fourth, the vocal bands, and fifth

Cough, unless caused by the pulmonary lesion is a late symptom of laryngeal involvement.

Noisy respiration with aphonia, pain and strangling on attempting to swallow.

on the lateral portions of the aryteno-epiglottic fold.

Ulceration of the vocal bands is usually on the glottic edge, and presents a saw-like appearance.

The lower structures of the larynx are here probably alone involved. There is mucu-purulent secretion, tumefaction, and redness.

With these symptoms a general involvement of the laryngeal structures is the rule, including the epiglottis. The parts are reddened, tumefied, covered with muco-pus, and become from time to time œdematous. During these periods respiration may become noisy, increasingly difficult, and death from suffocation may result.

The treatment of these conditions must vary with the form of involvement. Rest of the voice is always important. In the early stage of pallor and catarrhal secretion stimulating antiseptic applications of a weak formol solution should be made daily or even oftener by means of a cotton swab, together with a selection of such internal remedies as phos. ars. iod., or selenium.

When the parts become acutely inflamed from temporary conditions, soothing applications may be made, such as sabalol oil, argyrol with adrenalin, the application of these being preceded by a spray of a warm alkaline solution, and a selection from the following remedies as indicated: bell., acon., phos., kali bichrom., iodine, merc. bin., or merc. prot.

In the more advanced conditions, frequent cleaning with a warm alkaline solution, followed by applications of formol from a one to five per cent strength solution, applied as often as toleration will allow. If swallowing is painful demulcent troches, just before taking food, are helpful, of which orthoform tablets with campho-menthol are a good example. As a last resort a spray containing adrenalin, eucaine and cocaine in weak solution will give temporary relief. Internally, silica, stannum, sanguinaria, aurum iodatum will be found most likely to be of service.

The points of emphasis in this brief paper are, first, an early recognition of the disease. Second, prompt and persistent local treatment as well as internal medication. Third, a recognition of the fact that this line of treatment intelligently applied will cure a large majority of incipient cases, other conditions being favorable, and will control many of the advanced cases.

REGENERATION IN TUBERCULOSIS OF BONE—A CASE.

BY GEORGE H. EARL, M.D.

(Orthopædic Surgeon, Massachusetts Homœopathic Hospital.)

Gertrude M., ten years old, entered the Massachusetts Homœopathic Hospital Sept. 13, 1904. She was wearing a plaster spica on the left hip, and came with the hope of being fitted with a splint, which would enable her to walk.

Family history, poor. The father died of "consumption" five years before, and an aunt had also died with the same trouble.

Fig. 1.

The patient's health had been good up to August, 1902, when she failed in health. Her physicians suspected "lung trouble," and kept her much in the open air. Shortly after this she was thrown from a wagon, striking on the left hip. From that time on she exhibited the usual symptoms of hip joint disease. The treatment was by extension in bed; a part of the time living in a tent. A trial was made of ambulatory treatment, but was unsuccessful, the pain making it necessary to resume extension in bed.

On admission to the hospital there was complete eversion of the foot, a fluctuating swelling about the joint, and a sinus, discharging very slightly. Slight passive motion was not painful.

Operation was advised, it being deemed that the joint was wholly destroyed, and further so-called conservation treat-

ment constituting a great menace. This was declined, but after nearly two months in the hospital, consented to.

On making the incision, several ounces of characteristic broken-down tubercular material escaped. Then the head of the bone, bits of the neck, and the complete shell of the trochanter were removed with the finger.

The upper end of the femur remaining jagged and seemingly split, pieces were removed. The bone resembled to the touch a piece of bamboo, which had been pounded. Taking hold of this with a piece of dry gauze, and twisting, the entire shaft of the bone separated and came out, exactly as a bone would be extracted from a piece of cooked meat.

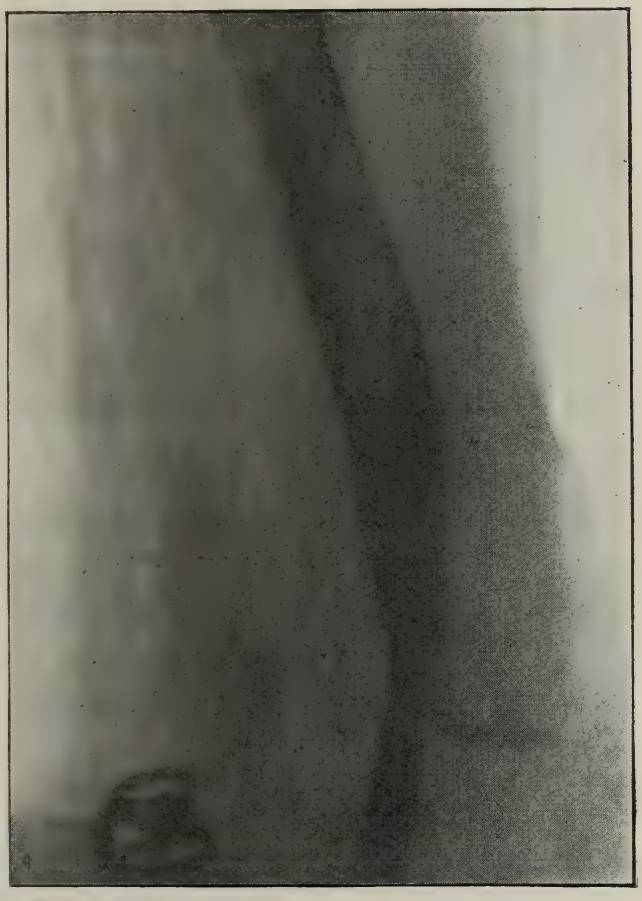

Fig. 2.

There was great shock to the patient and to the operator. The convalescence was stormy, and for the first week it seemed as though she would not survive.

She was put to bed with extension, the extremity elevated and supported, and the wound thoroughly drained. Many details of the after treatment would be of interest, but the reason for making this report is the fact that during the fifteen months since the operation the patient has practically grown a new and serviceable femur.

This is explained by the fact that while the disease had destroyed so much of the bone, it had been confined to the bone, and had not destroyed the periosteum.

The specimen of bone shows that five inches of the shaft

was removed, and the upper end of this fragment began below the trochanter. The plates show two radiographs: one made April 8, 1905, six months after operation, and the other Feb. 4, 1906, fifteen months after operation. At first glance these plates look much alike, but it will be noticed that in No. 1, the whole leg is much smaller, and so should show comparatively a cleaner shadow of the bone, while in fact it is less distinct than in No. 2, indicating that the remaining bone was not healthy.

In No. 1 the length of the thigh is $8\frac{1}{4}$ inches, while in No. 2 it is $11\frac{1}{2}$ inches, an increase in length of $3\frac{1}{4}$ inches.

The child has been walking for a year, on an ordinary Thomas knee splint, which is practically a perineal crutch. She has not used ordinary crutches since the first two weeks of walking on the splint.

She is strong and well, growing rapidly, and has gained twenty pounds since going to her home last Autumn. She has the power of lifting the leg, controlling its movements, including both outward and inward rotation.

In cases of tuberculosis of the ankle or tarsus, nature does wonders in the way of preserving a member, and restoring function.

By persistence and refracted operation, extensive tuberculosis of the foot may be overcome, much bone removed, and nature's substitute, fibrous tissue, made to serve very well.

There are cases of regeneration of bone after other infections, but so far as known this case is unique in showing an actual regeneration after removal of bone for tubercular infection.

Poque, in the *Medical Record*, December, 1905, quotes Bernheim of Paris in regard to the rest treatment of tuberculosis:

1. In the treatment of phthisical patients the rest cure is the indispensable complement of a sojourn in a salubrious climate and of forced alimentation.
2. Since the lungs participate in all excessive activity, the effect produced is an active congestion in the region of the tubercular focus, and new tears in old adhesions.
3. Forced feeding and life in the open air are of profit to a tuberculous patient only when he is placed under conditions of absolute repose.
4. Furthermore, repose plays another important rôle; it prevents the general localization of the bacillus of Koch.
5. One should therefore prescribe the rest cure for every phthisical patient who has fever and in whom one observes clinical symptoms of tubercular activity.
6. This rest cure may be practised in all cases, provided it is applied in a disciplinary manner and with intelligent supervision.

THE TREATMENT OF ADVANCED PULMONARY TUBERCULOSIS.

BY DAVID PRESBURY BUTLER, M.D., RUTLAND, MASS.

The treatment of advanced pulmonary tuberculosis presents many features that do not have to be considered in its earlier stages.

By advanced pulmonary tuberculosis, I mean all cases not incipient as in class I, nor moderately advanced as in class II, according to Turban's classification as accepted by the National Association for the Study and Prevention of Tuberculosis.

These advanced cases must again be divided into possibly curable and absolutely hopeless cases.

When considering whether or not a case is curable, we do not mean to say that any case in any stage of the disease will recover, but that a certain percentage of that class of cases do recover. Thus in giving a prognosis we cannot tell whether a given case will come under the favorable or unfavorable percentage.

That part of the medical fraternity having special interest in this disease is pretty much in agreement on the following points.

No hopeless case should be sent away from home unless to an institution for such cases, that is near at hand. No far-advanced case should be sent any distance from home without abundant means and assured residence and care at the end of the journey. On the whole, it is better for this class of cases to stay in the vicinity of home, as the percentage of arrest or cure does not seem to be greater elsewhere. No case, whatever the condition, should be sent a long distance from home without either assured work (if in condition to do it) or at least $250 besides his railroad fare.

It cannot be too often stated that one of the tragedies incident to this disease is the transportation of more or less hopeless cases to the far West or South with but a few weeks' board money on hand. Homesickness, insufficient food and worry kill the patient who, perhaps, had at least some chance of recovery under proper conditions in or within a few miles of his home.

In the last report of the State Sanatorium at Rutland, Mass., four per cent of this class of cases were discharged arrested. In previous reports the percentage has reached as high as eight.

In advanced, but possibly curable cases, the routine of treatment is in many respects that of incipient cases. In the advanced case there should be absolute rest, whether the case is febrile or not. There should be absolutely no forced respiration. I know of no more hurtful practice for such cases. It is no more right to exercise a lung actively or extensively tuberculous than to exercise a joint in the same condition. One of the fundamental principles of treatment is that tuberculous tissue shall be at rest.

Great care must be taken of the sputum, which is apt to be more copious and virulent than in lighter cases. This care to be exerted not only for the protection of the public, but for the patient. Rigid instruction should be given not to swallow the sputum, and to keep the mouth clean with a wash, and the larynx with a spray of some efficient antiseptic.

Cold plunge and shower baths should not be taken, as the heart in these cases is seldom equal to the shock. A simple cold sponging over the chest is sufficient.

Extra care must be given to the food supply, as we must put a large amount of food into a digestive tract that is often far below normal. The medical supervision of these cases must be rigid. This is the period of complications, especially intestinal tuberculosis. Peculiar as it may seem, the laryngeal complications, in my experience, have occurred more frequently in cases that would be considered fairly favorable as far as the lung condition was concerned.

All of the factors of treatment must be modified to suit your less vigorous patient. To subject him to such drains on the vitality as long periods of numbing cold, to which he does not react, is to defeat your very purpose. We should bear in mind that it is not the direct ventilation of the lungs, however important that may be,—not the local effect, that is the vital point; but it is the indirect tonic effect of the pure, fresh air on the organism as a whole, causing improved and increased metabolism, and the demand for and the use of more food. This is evident from the fact that tuberculosis of other parts of the body does well under the open-air treatment.

As to drug medication we know there are no specifics, whether used systematically or by inhalation. If a cough is harmful it should be controlled. If necessary to do so at once, heroin will usually be efficient. A cough that disturbs sleep or digestion, or induces bleeding, pain or fever, is a harmful cough. Other coughs should be let alone.

The hemorrhages of advanced pulmonary tuberculosis are often dangerous. The danger is as often from the shock as from the loss of blood. Every effort should be made to put the patient in complete rest, mentally and physically. The patient should lie on his back with shoulders slightly raised and head at the end of the pillow, so that he may spit by merely turning the head and not raising it.

The opinions as to the value of drugs in acute hemorrhage are as varied as the drugs themselves. Such a condition of things suggests there is much uncertainty. However, this much seems evident: That it is reasonable to lessen the force of the central pump where there is a leakage; to stop mental and physical excitement; to stop the cough. Morphine in full doses undoubtedly does these things more efficiently than any other remedy we know. It is reasonable to try to draw the blood in the lungs elsewhere in the body, and to increase the coagulating power of the blood. Amyl-nitrite, adrenalin, and calcium chloride have all seemed to give some results from their various actions. I have seen salt taken by mouth do positive harm by inducing vomiting. Cracked ice seems to be comforting, but it should not be swallowed till the mouth is free from blood, as the stomach will often reject fresh blood. Ice-compresses over the bleeding area, if it is known, are much used.

There seems to be no reason, as far as the bleeding is concerned, why the patient should not move about quietly after blood has been absent from the sputum for twenty-four hours. Until this has happened the diet should be cold liquids and semi-liquids in small quantities.

I have found the chest compression bandage of great help in relieving pleurisy and in easing the strain during severe coughing.

I have not gone into the routine treatment for tuberculous cases, as this will be covered in another paper. I have tried to point out a few of the ways in which the regular treatment is modified in advanced cases. The remedies I have mentioned have been emergency and palliative remedies, but our whole list of remedies is not too many to choose from in relieving the symptoms that will arise.

In just the proportion as the case is advanced is the danger of relapse. Most of these cases under proper treatment gain for a while, though but few of them go on to arrest or apparent cure.

In the hopeless cases,—those of exhausted vitality, or with vital complications, or with extensive destruction of lung tissue, we recognize these things: They must stay at home or go to an institution for hopeless cases near at hand. Our chief duties are to make them comfortable and to protect those who come in contact with them. Most of them grow careless as they grow worse. Toward the end they have not the strength to thoroughly expel the sputum. With the utmost care everything that comes in contact with them becomes contaminated and must be handled and disposed of with that in mind. A bed case should not be allowed to use a sputum cup, but should use cloths, which should be burned at once. The spray from the cough is dangerous and has a striking distance of from five to six feet. Needless to say, draperies and upholstered furniture should be removed from the room occupied by such a case. Sun and air, and carbolic acid or corrosive sublimate should be used freely in cleaning the room. There must be no dry sweeping or dusting. The attendant must be certain that all cuts or scratches on her hands and face are protected with collodion.

These cases do not get well. We must make them comfortable, but we must not let them infect others. They should have a nourishing diet, but we may let them eat what they wish, if it does not disagree with them.

The sputum is often copious and foul, and there should be at hand always a pleasant tasting mouth-wash of some mild antiseptic. Orange or lemonade and cracked ice help much to keep the mouth comfortable.

Heart stimulation will be required in most of these cases, and strychina has given the best results, unless cardiac disease calls for strophanthus or digitalis. But there will usually come a time when morphine alone will relieve the distressing dyspnœa that accompanies the final days. Occasionally hydrobromide of hyoscine has given good results.

If tuberculous enteritis complicates, it seems to be best controlled with opium and iodoform in some form.

It is the time of palliative remedies, and the physician when he cannot cure must relieve.

The hopeless laryngeal case is usually the greatest sufferer. Rectal feeding may be required. A combination of orthoform, menthol or cocaine in the form of a lozenge, will, in many cases lessen the pain incident to taking food. But morphine is here again often our chief reliance.

We should not try to give the open-air treatment in winter to our dying patient. A well ventilated room from 60 to 65F. seems to give the most comfort. The only exceptions I have seen have been in those cases who have taken the outdoor treatment previously and continue to demand the largest amount of fresh air possible. Oxygen will often relieve the dyspnœa that frequently just precedes death.

Of the remedies prescribed homœopathically I have found the greatest help from, and used most frequently stan. iod., antim. iod., cup. arsen., colocynth, kali-bichromate, ant. tart., nux vomica, ipecac, melilotus, and bryonia.

When one has seen the suffering that may precede death in these advanced cases, there is the greatest satisfaction in knowing that we can prevent much of it.

WHAT CHICAGO IS DOING IN THE TUBERCULOSIS CRUSADE.

BY SARAH M. HOBSON, M.D., CHICAGO, ILL.

Chicago, as a municipality, is doing comparatively little for tuberculosis. But Chicago, through the individual efforts of many humanity-loving citizens, is alert to the problems of the day. The occasional tent in the back yard, the canvassed or windowed porch, the fire escape improvised as balcony, bear witness to the effort of the individual physician to carry out in private practice the success of the open-air, full-nutrition treatment of tuberculosis. The Municipal Museum was incorporated in 1904 by private individuals for the purpose of promoting civic development. Under the direction of Prof. George E. Vincent, as president, various problems of urban life are considered. Its active work, so far, has been the exhibit of such material as relates to municipal government, social, economic, and hygienic problems of city life. There is booked for April a special exhibition in Public Hygiene. And in the free lecture program of the present season occur such subjects as these: Expectoration, Tuberculosis and Housing Conditions; Municipal Control of Infectious Diseases; The Visiting Nurse and Tuberculosis; Medical Treatment of Consumption; Tuberculosis in the Jewish District of Chicago.

The city medical societies of various titles and theories periodically present papers and illustrated discourses to keep the profession alert to the progress of the fight. The Chicago

Homœopathic Society devoted the evening of the fifteenth of February to the subject of Tuberculosis. Dr. W. Henry Wilson presented "Normal and Pathological Lung Tissue"; with stereopticon illustration. Dr. E. Stillman Bailey, with like illustrations, set forth the successful "Treatment of Modern Methods."

There are but three hospitals in Chicago which make special provision for tuberculosis patients: a department at Dunnin (the County Hospital), St. Ann's Hospital, and one department of the Home for Incurables. These, together, furnish about three hundred beds, while it is estimated there are twenty thousand tuberculous patients in Chicago.

The new Commissioner of Health, Dr. Charles J. Whalen, addressed a circular letter Jan. 1, 1906, to the physicians of Chicago, calling attention to the revised municipal code authorizing a fine from ten to two hundred dollars for neglect in reporting specified infectious diseases to the local board of health. Tuberculosis is now included in the list of infectious diseases to be reported. The purpose of this measure is chiefly for registration uses, in order to locate tuberculous centers. Although no appropriation is at present made for the purpose, the Board of Health always responds to a request for disinfection after a death from tuberculosis. The Board is ready also to send an inspector or physician if requested to do so. The city laboratory makes bacteriological examination of sputum without charge to patients unable to pay a laboratory fee. Also, circulars are in preparation giving detailed instructions on personal hygiene of the tuberculous patient, so that he shall not be a menace to the community. There is now a project afoot to get an appropriation of $25,000 to establish a city sanitarium for tuberculosis, in the sure confidence that, once established, it will not lack appropriation for maintenance.

Inasmuch as the president and several members of the State Board of Health are Chicago physicians, the work of that body may be mentioned. In 1904, the State Board issued a circular of twenty-five pages on the Cause and Prevention of Consumption; a circular which was generously distributed to the medical profession, and has been sent wherever a physician has indicated. This circular discusses statistics, economic loss, cause, mode of communication, symptoms, prevention of infection, disinfection, and hygienic rules in plain English. The circular also makes a plea for a state hospital. Apart

from the fact that each state should take care of its own consumptives, Illinois has the requisite soil conditions, surface contour and elevation, with a larger percentage of sunny days than New York, Massachusetts, or Pennsylvania.

The aggressive, public work with the tuberculous patient in Chicago was organized three years ago by a committee of the Visiting Nurses' Association. A meeting of nurses, charity-workers and physicians, was called, Jan. 26, 1903, to form some co-operative plan "to improve and to sytematize the work among the tuberculous poor." From the formal preliminary report of that committee, the following is abbreviated:

Two cardinal principles:

To carry on the work for the present under the auspices of the Visiting Nurses' Association.

Not to give wide publicity to the purpose and plan of the committee until the work has assumed definite shape.

In detail, the work outlined should be:

To gather and file all information regarding tuberculosis in Chicago.

To examine housing conditions.

To gather a tuberculosis library.

To maintain correspondence with other organizations of similar purpose.

To prepare and distribute instructive reading matter on the subject.

To arrange for popular lectures on tuberculosis, including hygiene and housing conditions.

To coöperate with the Health Department and all philanthropic organizations in the enforcement of public hygiene.

To help persons predisposed to tuberculosis into more wholesome conditions of labor.

To eventually maintain health farms for convalescents and for children predisposed to tuberculosis; to establish sanitaria for the curables and homes for advanced cases.

To install and promote modern methods in existing institutions.

To test new theories of treatment.

To supply the needy with food, medicine, disinfectants, and utensils to promote public sanitation and personal cleanliness.

To examine applicants for aid, and to give as adequate assistance as is possible.

The committee started out with a contribution of $2,000 from the Visiting Nurses' Association, augmented by a popu-

lar subscription. A general committee of thirty public-spirited men and women started the organization. Two physicians of the committee visited cities and camps where similar work is already established. The work in the course of two and a half years has been fairly launched. The central office is in the Unity Building, within the Loop district. There is already a very good working library on tuberculosis; a file of the important journals dealing with the subject; a card catalogue of the world literature; ward maps of the city, giving the location of all the cases reported; and a card catalogue of the individual case, giving personal and family history, civic and economic relation, diagnosis, and stage of disease, sanitary condition of house and locality, landlord's name, and the several reports of the nurse, physician, and superintendent. There are also two hundred and fifty lantern slides to be used in lectures on the subject. Illustrative reprints of "New hope for consumptives" (*Review of Reviews*, June, 1903) have been freely distributed. One hundred and thirty lectures have been given at settlement houses, at fraternities, at Women's Clubs, at Church Clubs, at labor unions, in the City Park Assembly Halls, at the Municipal Museum. In this way large audiences of different classes and races have been reached.

The direct clinical and hygienic work has been done chiefly by the visiting nurse and the district physician, in close co-operation with the district office of the Bureau of Charities. Any case requiring special consideration, as change of employment or change of climate, is referred to the central office. In case of extreme unsanitary condition of houses, and in case of the death of a patient, the Board of Health coöperates to secure better housing and to disinfect the premises.

This admirable work is only one of the good things done by the Visiting Nurses' Association, an organization which, under the superintendency of Miss Harriet Fulmer has been one of the most effective agencies in the city for doing valuable work among the poor. The tubercular patients who appeal to them are for the most part past cure. Of the six hundred and ninety-one cases on the books at the central office, only one hundred are curable; and "curable" implies food, sunshine, freedom from laborious work, and freedom from anxiety. These conditions can be secured for the small wage earner and the poor only through generously endowed institutions.

In July, 1905, Gad's Hill Settlement of Chicago turned over

a corner of its summer outing camp on the north shore to the Visiting Nurses' Association for a tuberculosis tent colony. Twenty-two patients were cared for during the summer, with the usual result of marked improvement in curable cases and alleviation in the cases far advanced. One was discharged cured; fourteen improved to such an extent as to make recovery but a question of time, if sanitary conditions might be continued. The expenses were met by a private subscription of $843. The success of this experiment aroused the enthusiasm of Mrs. E. L. Gaylord to the point of a personal enterprise. Southwest of Chicago is a low ridge of land, which would be quite insignificant among the hills of New England. But here it is the objective point of many a pleasure seeker. Mrs. Gaylord's summer home is on this ridge at the Midlothian Club. Off to the northwest, a tract of one hundred and sixty acres has been set apart for a tuberculosis camp for incipient and curable cases. An initial outlay of $5,000 will equip the colony for fifteen or twenty patients. This camp will be opened in the spring to patients recommended by the Visiting Nurses' Association. It will be a permanent establishment, maintained in strict accord with the best present-day methods of treatment.

Such has been the work of this preliminary committee. Now the work is sufficiently defined that a permanent organization is about to be formed: the formal name under advisement is The Chicago Tuberculosis Institute. As in many philanthropic, civic projects, the expectation is that eventually—in the millenium of city administration—it will become an organic part of the municipality. But the municipality of Chicago at present does not even protect her citizens against violent death, and it will be a long day before she is lavish of money to fight the white plague.

Therapeutics of Gastric Ulcer.—Wilkinson puts considerable stress upon oral sepsis and constipation as etiological factors of gastric ulcer, claiming the presence of one, and usually both, in all of his cases.

A little mentioned, but important, symptom is left-sided intercostal neuralgia, with tenderness of those vertebræ corresponding to the nerves involved. In treatment kali bichromicum has its indications carefully described and the aggravations of its symptoms by constipation noted.

Uranium has retarded pain from the left side of the ensiform cartilage, coming and going for at least two days, and aggravated by fasting. Argenum nitricum and its salts are often found valuable. The efficiency of arsenum album in gastric ulcer is well established, and arsenicum iodide will probably be of more service than it is generally considered to be. Cadmium and atropin are also mentioned.

Journal of the British Homœopathic Society, October, 1905.

THE GULF COAST AND TUBERCULOSIS.

BY A. M. DUFFIELD, M.D., CITRONELLE, ALA.

Into the climatic treatment of tuberculosis, many factors enter, which are not at first apparent to the busy practitioner, who has no time for personal investigation into the respective merits of different health resorts.

Professor Dewey of Ann Arbor sounded a keynote when he claimed that "we should not send calcarea patients to damp localities, nor to cold climates, unless the air be dry; nor nitric acid cases to warm climates. Kali carb. patients should be sent to warm climates even if they be damp, because dampness does not hurt them." All patients are not constituted alike, and what is good for one may be bad for another.

One should be sure to diagnose his patient's constitution first, determining the aggravations, ameliorations, modalities, and so forth, and so finding the indicated remedy, select such a climate as would be pointed out by, and harmonize with it.

For the patient's sake, as well as one's own reputation, do not wait until every means possible at home has been exhausted before sending an almost moribund patient to a distant land to die amongst strangers. Rather send him to a resort within a day's reach of home, where he can have his loved ones reach him on short notice, or get back himself, if beyond the possibility of cure.

Such a place is within easy reach of the center of population of the United States, and I wish to call attention to the subtropical climate of the States bordering on the Gulf of Mexico, where all sorts of climate may be found to suit varied cases. Directly on the coast there is all the humidity any one can desire with the tonic effect of the sea air and salty breezes.

Two or three hundred miles back from the coast may be found the mountain breezes and attendant climate. But the climate that has proven to be the most desirable for the general run of respiratory and nervous diseases, is that found within seventy-five miles of the salt water, on the tablelands of only a few hundred feet elevation. These tablelands are clothed with the long-leaf yellow pines, whose resinous odors are like balm to diseased lungs, and outclass all the nebulizers and inhalers ever invented by man. These pine trees extend to the Gulf coast, from which the warm sea breezes wafted through their branches and needles, become dried and charged with ozone. Such is nature's laboratory, and why not take advantage of it?

For many years I sought for an equable climate where one

can remain winter and summer and not be frozen or roasted beyond endurance, and yet have good health and pleasant and agreeable surroundings. Such a place has been under my observation for the past nineteen years, and in comparison with other famous health resorts, I can say that it embraces more of the desirable features and less of the undesirable ones than any other place that has come to my knowledge. This resort is Citronelle, Alabama, located thirty-two miles north of Mobile, on the anticline of the country, three hundred and sixty-six feet above sea level on a plateau of some five miles extent, which is the highest land on the Mobile and Ohio Railroad between Mobile and Cairo, Illinois.

The air is remarkable for its dryness, and is highly charged with ozone and the balsam of the long-leaf yellow pine, which grows in every direction for many miles. There are no large cities near to contaminate the air with smoke and dust. The water is the purest known, according to the analyses by the Illinois State Chemist, Professor A. W. Palmer, having less than $1\frac{1}{2}$ grains of mineral matter to the United States gallon.

This sandy plateau has a clay subsoil and is the highest elevation at the same nearness to the seacoast between Mexico and Massachusetts. Natural drainage is so perfect that walking without rubbers is possible within an hour after a heavy rainfall. These features have a peculiarly beneficent effect on the climate.

During the past two years the temperature has not been above 98°, and rarely goes below freezing. It is noted as one of the very few locations that is free from malaria and its pernicious influences. Patients suffering from insomnia and neurasthenia receive marked benefit soon after arrival, finding sweet, natural, refreshing sleep. On account of the fine climate Citronelle has been chosen as the ideal Chautauqua town of the South. It answers to the requirements of out-door life, and those who have tried this form of living have received marked benefit thereby.

It has been known for over half a century as a place where hemorrhagic phthisis has been repeatedly and permanently cured, as can be testified to by many of its most prominent and useful citizens and business men who went there in the last stages of the disease.

In conclusion, I wish to state that I have seen more cases of tubercular trouble of more varied types receive benefit here than in any other resort I have knowledge of, and many of these cases have been the rounds of the other noted resorts.

EDITORIAL.

Books for review, exchanges and contributions — the latter to be contributed to the GAZETTE only, and preferably to be typewritten—personal and news items should be sent to THE NEW ENGLAND MEDICAL GAZETTE, 80 East Concord Street, Boston; subscriptions and all communications relating to advertising, or other business, should be sent to the Business Manager, Dr. WILLIAM K. KNOWLES, 40 Mt. Pleasant Ave., Roxbury, Mass.

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Reports of Societies and Personal Items should be sent in by the 15th of the month previous to the one in which they are to appear. Reprints will be furnished at cost and should be ordered of the Business Manager before published, if possible.

THE "TUBERCULOSIS EXHIBIT": AN HISTORICAL EVENT.

Among the resources of missionary work against the spread of evils physical or moral — and the two are often more nearly related than we fancy — none is more efficacious than the "campaign of education." The everyday thinker is but a child of larger growth; and the kindergarten method, which rouses thought through appeal to eye and ear, is the method most certainly and promptly productive of good result. Any evil passes from the darkness of fatalism and bugaboo into the daylight of an open battlefield, in proportion as its causes and their preventability are made clear. A very striking instance in point, is the "Tuberculosis Exhibit," held at Horticultural Hall, Boston, from Dec. 28 to Jan. 7, just passed.

It was resolved of the General Court of 1905 that the State Board of Health be authorized to hold an exhibition illustrative of the means and methods for the treatment and prevention of tuberculosis.

This exhibition was composed of photographs, charts, models, and specimens, brought together from different parts of the country, and illustrative of the methods now employed for the treatment of tuberculosis in hospitals, in sanatoria, and at home; and also of means for preventing the spread of tuberculosis from one person to another. A large part of the

material of the exhibition was loaned by the National Association for the Study and Prevention of Tuberculosis, 105 East 22nd Street, New York City.

Said the committee in its preliminary circular: "Tuberculosis is a communicable disease. It is very largely preventable, and often curable. It annually kills in this State more than four thousand people. The prevalence of tuberculosis can be diminished only by knowledge, on the part of the people, of the nature of the disease, and a general application of the principles underlying its prevention and cure.

"The exhibition will demonstrate the fundamental facts about tuberculosis, and, it is hoped, will create a general interest in the campaign against its spread."

In connection with the exhibit, special talks, illustrated with lantern-slides, were daily given; among them the following immensely interesting and pertinent themes being treated by able speakers:

"The Employer's Opportunity." By Gen. Thomas Sherwin, president of the New England Telephone and Telegraph Co.

"Tuberculosis and the Workingman." By John F. Tobin, general president of the Boot and Shoe Workers' Union.

"Boards of Health and Their Responsibilities." By Dr. Samuel H. Durgin.

"Tuberculosis in Institutions." By Dr. Charles W. Page, superintendent Danvers Insane Hospital.

"The Opportunity of the Teacher in the Prevention of Tuberculosis." By George H. Martin, secretary State Board of Education.

The tuberculosis exhibit has now passed sufficiently far into the past to allow one to obtain a clear view of its results.

In the first place, it was successful beyond the hopes of its promoters, in regard to attendance. Early in its inception some thought that ten days would be too many in which to try and sustain the interest. At the end of the tenth day the wish was expressed that it could remain open much longer.

The attendance from day to day will show its increasing interest:

Thursday, 856; Friday, 1,388; Saturday, 1,792; Sunday, 1,902; Monday, 1,907; Tuesday, 1,830; Wednesday, 2,209;

Thursday, 2,913; Friday, 3,162; Saturday, 4,154; Sunday, 3,840. Total, 25,953.

The total of nearly 26,000, thus exceeds that of the earlier New York exhibit by over 7,000.

Among the features attracting the greatest attention, may be mentioned the reproduction of a slum room and what that room might become with a small expenditure;—a model of one of the New York tenement blocks; photographs of garment workers and sweat-shops; and the pathologic and bacteriologic exhibition.

One chart showed New York with 3,216 free beds for tuberculosis, under the control of the city, and reported Boston with 110 such beds. Many who saw the dilapidated room from one of Boston's tenements said that it was a gross exaggeration. Ask any of our physicians or district nurses, and they will tell you that there are many just as bad and some worse. A student, now doing dispensary work, said that the only thing he missed was the smell.

In the New York block-model, 39 buildings were represented, containing over 600 apartments and housing more than 3000 persons. Many of the rooms had no windows at all, receiving all light and air from the other rooms. Many others opened on "air shafts," mere slits extending down four or five stories between solid walls, and often practically useless for ventilation purposes. In the entire block were about 70 water closets, and not one bathroom.

Boston University School of Medicine and Harvard Medical School united in the demonstration of the pathologic and bacteriologic aspects of the disease. A row of interested persons was nearly always to be seen waiting an opportunity to look into one of the several microscopes and see the actual cause of the trouble. Similarly the tissues themselves, nearly all of which were neatly mounted in gelatin, were the subjects of constant observation and study by thousands, both of the medical profession and of the laity. The constant attendance of guides or demonstrators added much to the

instruction that all visitors received. The lectures on different phases of tuberculosis which were given in the adjoining hall were always listened to by large and interested audiences.

Best of all, the most widespread discussion of the vastly important subject of tuberculosis, its causes, its preventability and its cure, was aroused and was maintained throughout the community. Tens of thousands laid to heart the startling lesson of the two rooms, side by side, of exactly the same size, and same means of ventilation, the one properly, the other improperly furnished and cared for. The demonstration of the "sweat-shop" condition of wage-earners roused a more effectual outrush of compassion and wholesome indignation than could have been roused by the word-pictures of the most eloquent philanthropist. One of the almost immediate practical outcomes of the exhibit was the appropriation by the City of Boston of money to very greatly enlarge the number of its free beds for tubercular patients. The most practical and long-lasting outcome of all, has been the awakening of public common-sense and public enthusiasm to grapple with one of the direst enemies of the public weal.

A Significant Conference of the Powers.

When very busy men are willing in the interests of a Cause, to put aside their business for days together, at the time its calls are most important, it is safe to assume that Cause to be a very living one. Such assurance of the vitality of homœopathy in general, and of its national and international societies in particular, was given by the assembling in New York, on Jan. 31 and Feb. 1, of a group of representative homœopathic physicians in official capacity, to discuss: a. The forthcoming meeting of the American Institute of Homœopathy. b. The forthcoming meeting of the International Homœopathic Congress; and c. The affairs of the American Institute for Drug-proving. The discussion of all these important matters was to the highest degree harmonious and fruitful. The committee on the International Congress, both in individual meetings and in joint session with the Executive Committee of the American Institute of Homœopathy, formulated a highly interesting and suggestive program for what should be the greatest assemblage of homœopathists, and the most important conference on the many interests of homœopathy, in the history of our school.

The International Homœopathic Congress.

It is, of course, impossible to give at this time the program whose essential features were formulated and agreed upon at the meeting in question. It may be said however, that the date of the Congress has been fixed at

from September 10 to Sept. 15, inclusive. Its place as was announced last June, is to be Atlantic City; a very central, delightful, and appropriate location. Its program will include authoritative essays on a wide variety of topics germane to homœopathy. The full and hearty coöperation of homœopathic physicians and homœopathic institutions the world over, is now practically assured. Committees are being appointed to secure representation and communications from foreign homœopathic societies everywhere. Everything points to a memorable assemblage, and days of great and stimulating interchange of ideas and experiences and enthusiasms. No member of the Institute can afford to miss an occasion which will be epoch-making and historical in its magnitude and import. And no homœopathic physician, not a member of the Institute, can afford to let the opportunity go by to affiliate himself with the great representative society of the cause under whose banner he stands enlisted, in such a brilliant and significant hour of that society's history.

The American Institute of Homœopathy.

At the joint meeting above referred to, it was carefully arranged that the American Institute should have sufficient and dignified opportunity for the transaction of its individual business as differentiated from that of the International Congress. The first hour of the day's session throughout the week will be devoted to the transaction of Institute business; the remainder of the day will be devoted to the Congress, the sectional societies, and recreation. If the sectional societies consent, the Congress will have from ten to one o'clock daily without competing attractions. These special societies which meet in conjunction with the Institute will have, however, ample accommodation and leisure assured for their deliberations, since the afternoon and evening hours daily will be theirs. Doubtless papers by our transatlantic visitors, on subjects akin to those treated by the specialists societies, will be, by invitation, presented before the appropriate societies. The famous old Dumas motto of "one for all, and all for one," might fittingly be adopted for the motto of the meeting in which so many interests and so many nations are to work to a common end.

The Institute for Drug Proving.

A very numerously attended meeting of the trustees of the American Institute for Drug-Proving assures a very interesting and important report from that committee, at the International Congress. Meanwhile, it is announced that a bill providing for the incorporation of this Institute as a national body is now in course of presentation to the Senate and the House of Representatives. It is vastly important that this incorporation act pass promptly and unopposedly into fact; and while no obstructive interference is to be looked for, it would be wise for all friends of homœopathy to use what influence they possess with their national representatives to assure its early passage. It is practically promised that several important provings, made under practically the same rules that governed the proving of belladonna recently made by the O. O. & L. Society, will be ready for reporting to the International Congress.

Altogether this somewhat unique Conference of the powers at New York, was rich alike in result and in promise. With the individual members of our national society it rests to lift that promise triumphantly over into fact

Drug Proving in New York.

An Open Letter to the Gazette on a theme of much interest is herewith gladly given space and prominence:

The homœopathic physicians of Massachusetts have recently completed a valuable re-proving of Belladonna. It is proposed that New York State add its quota to materia medica by a drug-proving for 1906.

The drug chosen will be a plant, of which some clinical account is given in homœopathic literature, but of which no scientific proving has been made. The drug will be supplied in tincture, 3rd, 12th, 30th, 200th, 1000th.

Homœopathic physicians are requested to signify their willingness to prove the "unknown quantity" by sending a postal to the chairman of the Drug-proving Committee (Hom. Med. Society, County of New York) and Bureau of Materia Medica (Hom. Med. Society, State of New York), address below, when the drug will be forwarded. Any of the laity whom physicians may enlist in this work, and who will be under their observation during the use of the drug, will also be supplied (through the physician).

Before such proving, a careful anamnesis should be recorded (all records should be kept on or transferred to, legal cap, one side of the sheet only); six ounces (including sediment) of a twenty-four hours urine (add gtt X formalin) should be sent, (with name, address, quantity in twenty-four hours, reaction when passed) to the official pathologist, Dr. P. D. Saylor, 133–137 West 47th Street, New York City, for examination. The blood count, (before and after the proving,) will also be taken by the pathologist, Dr. Saylor, when it is possible; otherwise by the nearest physician with the apparatus; or disregarded if impossible to obtain.

Where it is possible, provers are requested to have examination made by specialists in the various branches, that the proving may be of greater value.

It is desired that every practitioner enter, *to some extent*, into the proving. For example, a few doses of the tincture or potency may be taken until *some* disturbance of cellular or functional equilibrium is noted: constipation, headache, insomnia, drowsiness, thirst, increased or lessened appetite, etc. When the *direction* of this disturbance is thus indicated, the drug may be stopped if the individual does not care to continue its study, and in this way a mass of confirmatory and valuable evidence from many sources will accumulate.

Furthermore, the preliminary knowledge thus gained by the physician will lend additional interest in, and appreciation of the full proving of the drug.

In these self-provings, §§ 120-141 of "the Organon" should be consulted.

Physicians in other states than New York who would like to take part in the proving will be most welcome, will be supplied with the drug, and will receive full credit for work done.

The proving will begin with each individual whenever he or she is ready, preferably before May 1st, that the results may be early tabulated for publication.

Fraternally,

P. W. Shedd, M.D.,
113 West 71st Street, New York City.
Chairman, Drug-proving Committee, New York County Society.

Dr. G. DeWayne Hallett, President.
Chairman, Materia Medica Bureau, New York State Society.

Dr. DeWitt G. Wilcox, President.

Drug-proving Committee: P. W. Shedd, M.D., Chairman; L. M. Stanton, M.D.; W. H. Dieffenbach, M.D.; J. B. Garrison, M.D.; Spencer Carleton, M.D.

The Report of the Annual Conference of Sanitary Officers of the State of New York,

which reaches the GAZETTE through the courtesy of Dr. Eugene H. Porter, shows a pleasant and inspiring activity on the part of the guardians of the public health of the Empire State. At the annual meeting at Albany, last October, many vital subjects were ably discussed and are interestingly reported. Among these are, "Compulsory Vaccination," by Hon. Arthur Andrews; "Statistical Studies in Pneumonia and Typhoid Fever," by Dr. John S. Fulton; and a timely address by the Commissioner, Dr. Porter, on several themes germane to the public health. New York is to be congratulated on so creditable a report, and on her choice of a commissioner.

ON THE NEED OF SCOUTING PARTIES IN MEDICINE.

To the Editor of the Gazette:

SIR.—Will you allow me a few words of comment on your editorial with the above caption in your February number. The subject calls for earnest discussion and should enlist the active interest of the entire profession.

Although in perfect agreement with your views regarding the far-reaching advantages to follow from such investigations as you advocate, it appears to me that your suggestion would be more effective if instead of "scouting parties" you had proposed a permanent and central staff organization. Scouting parties I take to be freely moving bodies left much to their own devices in the circumstances they meet in the enemy's country, while the decision as to important advances rests with the commander-in-chief and his staff. The enemy's country, for us, is the unknown, or the little-known; the scouts in medicine may be more fitly held to be the individual investigators who bravely leave the course of the main body and high roads of professional thought and activity, to penetrate into new fields. The knowledge they bring may be trustworthy or otherwise. No one man is able to judge of its value. But a body of men, possessing all the facilities for investigation, and supplied—to pursue your simile—with maps and plans, and guided by an enlightened strategy, could determine by a reconnoissance in force the truth or falsity of the information reported.

The important question here is, where could the headquarters of such staff organization be, otherwise than securely and commandingly within its own lines, that is, in the leading hospitals with their abundant material, their laboratory equipment, therapeutic apparatus, and experienced men?

But to drop all metaphors, which are too apt to become mixed, is it not well to ask whether the time has not arrived after twenty-five centuries of disagreement among doctors and systems, methods, cures, and sciences, to take measures for

establishing a tribunal, or at least, some basis from which to reach the means of judging the value of medical theories and practices, old and new? The profession boasts, and very justly, of great advances of positive knowledge and triumphs in many directions, more particularly of laboratory achievements among which anti-toxin is the one distinct representative. But beyond the successes all acknowledge in the specialties and preventive medicine, empiricism is raging as irresponsible and uncontrolled as ever throughout the whole field of general practice, and is easily recognized in all its crudeness through the thin veneer of plausible assumptions and scientific phrases.

But all this confused and contradictory mass of theory and practice must sooner or later be brought to a test from the scrutiny of which it cannot escape; and the only possible test is the clinical test, conducted under rigorous rules and during a long period in hospitals of unquestioned standing.

The dominant school continues to take its stand unalterably on the ground of the auxiliary sciences, reinforced to-day by laboratory methods. From these alone does it see hope for progress in therapeutics. We stand for a different course, that which throughout all medical history those great men have followed who have added to our practical and abiding knowledge the course of clinical observation and inquiry. It is for us who claim to be of the new school, not alone to add new knowledge, to the general store by returning to this course, but to add new methods of sifting and classifying that which already exists in a crude and chaotic mass, thus to purify the experience of the profession and establish it on a sound and genuinely progressive footing.

I trust these suggestions may not appear to you in the light of vague and visionary generalities. They mean, if acted upon, the hardest kind of work in all the wide field of medical investigation.

Obediently yours,

WALTER WESSELHOEFT.

PSYCHIC PHASE OF TUBERCULOSIS.—The psychic treatment of the consumptive invalid in the latter stages of the disease is important. While many are sanguine, not a few are morose and need encouragement, and kind and hopeful words. Should we tell the absolutely hopeless bluntly that there is no hope for him? I do not believe that this is necessary, as a rule. He can be told to arrange his affairs, and still we need not deprive him of all hope. Many of this kind of patient hardly ever realize their true condition, and would not believe us should we tell them the truth, for it is an undoubtable fact, borne out by the experience of many, that, owing perhaps to the extreme toxicity of the blood, there seems to be a sort of general anesthesia without involvement of the mental faculties.—*Knopf, Medical Record*, Nov. 18, 1905.

HOSPITAL BULLETIN.

The Massachusetts Homœopathic Hospital during the year ending Dec. 31, 1905, treated the largest number of patients it has ever treated during any year of its existence, the total number being 3,435. During the past ten years, the work of the hospital has much more than doubled, as may be seen by the following comparative statistics:

ADMISSION.

	Medical.	Surgical.	Obstetrical
1895.	330	999	none
1905.	653	2,448	334

In 1895 there were 1,059 operations performed.

In 1905 there were 2,345 operations performed.

It is interesting to note that during 1895 the average length of stay of each patient in the hospital was 25.4 days. In 1905, 18.2 days. Had the patients treated during the year 1905 stayed in the hospital as long as they did in 1895, it would have meant an increase in the expenses of the hospital of over $50,000.

The Homœopathic Medical Dispensary of Boston, during the year ending Dec. 31, 1905, treated nearly 17,000 patients, the exact number being 16,913, for whom 44,442 prescriptions were made. This represents an enormous amount of work, on which the dispensary staff is to be congratulated. Without ostentatious publicity this sort of work is done year after year, and it is too little appreciated by the profession and the community in the midst of which it is done. Detailed reports from the main department on Harrison Avenue, present the following interesting figures:

	Patients.	Prescriptions
Ear Department	752	2,290
Medical Department	2,062	4,442
Surgical Department	1,510	4,804
Dental Department	948	925
Women's Department	1,006	3,255
Children's Department	929	1,607
Eye Department	3,065	6,479
Nervous Department	371	1,824
Chest Department	309	1,107
Throat Department	1,511	4,717
Skin Department	648	1,509
Rectal Department	44	216
Genitourinary Department	122	355
Maternity Department	179	179
Orthopedic Department	241	882
Extra	....	220
Out-patients	2,698	7,632

In addition the dispensary records include 210 births. Fourteen deaths were reported

From the ninth annual report of the Massachusetts State Sanatorium at Rutland are taken the following facts:

No classification into patients of either school of medicine there represented is attempted. Of the entire number of patients, 566 remained more than one month, and so form the basis for the statistics. Of these, 33 per cent were "arrested" and apparently cured; 59 per cent were "improved," and 7 per cent were "not improved." There were four deaths.

The percentage of cures is lower this year than ever before, because more advanced cases have been admitted. Among incipient cases 64 per cent were "arrested" or "apparently cured."

All but twenty-two patients gained in weight during their stay, averaging 13.7 pounds each. One gained 53.5 pounds.

These figures amply justify the existence of such an institution, and a general knowledge of their meaning will do much to remove that terrible fear of "consumption," once so common but now recognized to be false where proper precautions are taken.

THE combined fortieth and forty-first annual report of the Cullis Consumptives' Home shows a very gratifying amount of work performed during the past two years. The total number of patients under treatment has been 187, which, considered with the fact that the cases are all incurables, and so cannot be often changed to leave room for others, is a very considerable figure.

Two of the requirements for admission deserve quotation:

1. Consumptives in the last stages of the disease.
2. Must be without means of support, or friends able to care for them.

These are unusual statements to read, in these days of general hospital reports, where incurables do not seem to be wanted under any circumstances. The city of Boston controls only 110 free beds for incurable cases of tuberculosis, and the Cullis Home has 40 beds, all of which are under homœopathic control. In a letter from Mrs. Cullis, the slight influence of heredity as an etiologic factor is brought out clearly.

As a pure and most deserving charity the institution deserves all the support that it is possible for anyone to give, and we hope to soon learn that the endowment has been materially increased.

THE Norwich Hospital for the Insane was established by a Legislative enactment in June, 1903, and an appropriation of $100,000 was made for the erection of buildings, etc. It has now been opened for the treatment of patients somewhat more than a year. The hospital secured during 1905 an appropriation of $420,000 for additional buildings, water supply and other various needs. These buildings are now being erected and will be ready for occupancy on or about June 1.

DEMONSTRATION MICROSCOPE.—A new microscope has been procured at the Massachusetts Homœopathic Hospital for use in class demonstration. Sections of a specimen can be frozen, cut, stained and passed around the audience in the surgical amphitheatre for diagnosis, within the space of four or five minutes, and while the operation is still in progress.

WORD received from Dr. Bernard H. Byam, B.U.S.M., 1905, house physician (with Dr. E. Parker Sanborn of the same class) at Grace Homœopathic Hospital, New Haven, Conn., is to the effect that the Hospital gets two-thirds of the city emergency and accident cases, and the success of treatment is such that homœopathists everywhere may well feel proud of it.

Two new sanatoria have been planned for New York City consumptives. One is to be built by the Board of Health and will consist of over seven hundred acres of land in Orange County. Here much is expected from farm returns produced by such patients as are in a condition to perform manual labor. The Board of Charities will erect a large hospital on Staten Island at a cost of about $2,000,000. This latter building is to be built in units, thus being capable of much gradual enlargement.

THE annual report of the New York Post-graduate Hospital, for 1905, appeared promptly and in a very attractive form. This hospital differs from many others in that it is an integral part of a medical college. Like most of the New York hospitals it is heavily in debt, but seems very optimistic in its hopes of speedy relief. Its demonstration during recent years that tuberculosis can be successfully combatted even in the homes of the poor, has been an object lesson to everyone. Numerous illustrations add to the attractiveness of the booklet.

SOCIETY REPORTS.

BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

Business Session.

The regular meeting of the Boston Homœopathic Medical Society was held in the Natural History rooms on Thursday evening, Feb. 1, at 7.55 P.M., the president, David W. Wells, M.D., presiding.

The records of the last meeting were read and approved.

William A. Ham, M.D., and Barbara Taylor-Ring, M.D., were elected to membership.

Voted: That the recommendations of the Executive Committee, namely, that the Scientific Session close at nine-thirty, unless otherwise specially voted, that the following half-hour be spent socially, and that a light lunch be provided at each meeting, be accepted.

Voted: That the resignation of Isabel G. Weston, M.D. be accepted.

A communication from the Massachusetts Civic League relative to the bill for medical inspection and other physical examinations in the public schools was read; also the bill.

Voted: That this Society endorse the bill, believing it to be a step in the right direction, and that the matter be referred to the Legislative Committee.

Dr. Strong reported regarding the bill to be presented to the general court in regard to interstate medical reciprocity, known as House Bill 883, also regarding Bill 882, relative to the practice of medicine.

Dr. Klein spoke of the laws proposed by the district attorney in regard to illegal practice, and it was

Voted: That the matter of these new laws proposed be referred to the Committee on Legislation.

Scientific Session.

Dr. Packard: I have here two specimens of more than passing interest. You all know something of the great move that has occurred lately in prostatic surgery. Here is an enormous prostate, interesting because of its large size, $7\frac{1}{2}$ ounces (normal weight, 6 drachms). Here is another showing an enormous middle lobe as well as two large lateral lobes, and weighing $6\frac{5}{8}$ ounces. The matter of the middle lobe and the way it forms is perhaps worthy of passing notice. Let me represent the bladder and the prostate gland here (illustrating) surrounded by its capsule and outside of that the sheath which is very dense, unyielding connective tissue, thick and strong. When a prostate continues to grow and fills all the room within its sheath, then it emerges in the direction of least resistance, which is this thin portion surrounding the vesical orifice of the urethra, it bursts through and finally comes out as a middle lobe and projects into the bladder as illustrated.

This first operation was seven minutes in duration; the other eleven minutes. They were both unusually difficult cases, because of years of growth and great size.

Dr. Richardson: I thought it might be of interest to present these radiographs recently taken illustrating the unfavorable results that followed the treatment of a fractured clavicle, that very common accident which is supposed to be of minor importance. It also illustrates the desirability of making X-ray photographs after the surgical procedure as well as before.

This man was a victim of the Baker Bridge disaster, and came under my observation in a medico-legal way. In his examination I noticed, of course, the difficulty here, and advised the taking of the X-ray pictures. Dr. Loring took the photographs, and they show very plainly the disability. I may say that, of course, this is of special interest to the surgical experts, and of general interest to all practitioners. This fracture was put up in one of the large general hospitals, not the Homœopathic Hospital.

I think we should fail to obtain any such photograph in our own hospital. This man was under observation for five weeks and was then discharged with this condition.

Dr. Chadwell: I have a case which may be of interest to the Society. It is a case which has completely recovered. I saw it in September last in connection with another physician. The history runs something like this: A young man, about thirty years old, was taken about the first of September with a general condition of lassitude and severe headache, followed by fever. He was seen by his family physician who made a diagnosis of typhoid. The Widal taken at the time was negative, but the clinical picture was so typical that the case went on for four weeks without another blood examination. At the end of that time the temperature still remained in the neighborhood of 103. At no period during the four weeks was there chill or sweat. During the first two weeks there was diarrhœa and a suggestion of roseolæ. There was delirium, at times mild, at times violent, during all that time.

At the end of four weeks another blood examination was made, and the Widal found negative, but careful examination showed the presence of the æstivo-autumnal form of malaria. The case was of interest to me in that it so closely simulated typhoid in its clinical picture. It was interesting also because of the presence of the æstivo-autumnal form of the organism in a man who had not been further south than Connecticut. Quinine given for two days caused a decided drop in the temperature immediately, and the convalescence was uneventful.

Dr. Powers: I have a case that I wish to present very briefly. A little time ago I was called upon by Mrs. B., a woman fifty-one years of age, who presented, a little to the right of the median line, just above the sternum, a sinus which she said had been present for three years. It was at first a swelling which gradually receded, and then had grown somewhat larger again and opened, and had been discharging for the entire three years. The discharge was at times quite scanty, but had kept up continuously. She had never had any treatment. Last Friday I placed her in the hospital and operated, and at once, coming down with the director, came on a substance which seemed firm and gave a certain amount of rough feeling to the director. We went down and came upon a substance about 4 c.m. in length, which was closely adherent to the thyroid gland. By using the sharp edge of the knife we were able to extract what we have here pasted on a card, which was a calcerous mass, probably from a degen erated gland. After considerable work it was completely removed, and the patient went home yesterday.

The most interesting point from an operative standpoint was that we came probably, within a very short distance of the recurrent laryngeal nerve. The specimen weighed $3\frac{1}{2}$ grams the morning after the operation.

PROGRAM.

Migraine: Its Etiology and Treatment.

(*a*) From the Standpoint of the General Practitioner. W. N. Emery, M.D.

(*b*) From the Standpoint of the Neurologist. Frank C. Richardson, M.D.

(*c*) From the Standpoint of the Ophthalmologist. John H. Payne, M.D.

GENERAL DISCUSSION.

Dr. Moore: My experience in the treatment of these cases has been limited, and I think the majority of them have been due to some disturbance of the eye function. I have at the present time under my care the most severe case of migraine which has ever come to my notice, and it is at the same time under the special care of Dr. Suffa. I refer to a case in Roxbury which I should like to have Dr. Suffa mention later in the evening.

I am very much impressed with the position Dr. Richardson takes in

regard to the fundamental condition in this disease, because it does seem reasonable that this is materially a sensorial epilepsy, and these conditions of eye strain, or whatever the exciting cause may be, are merely the aggravations of an exciting cause.

Dr. Suffa: I fully agree with Dr. Richardson that there is a hereditary element in these cases, and that there is no definite cause for the condition at least from an ocular standpoint. From considerable experience in these cases I feel that eye strain is contributory to a marked degree in most cases. Correction of the eye strain, refractive and muscular, almost invariably lessens the severity, duration or frequency of the attacks. I can recall but one case completely cured by correcting the eye strain. This case had no return of the migraine for two years, after a correction of .25 degrees of manifest hyperopic astigmatism. Two years later the symptoms returned. Correction of an additional .25 degrees of manifest astigmatism completely relieved the trouble. I heard from this case three years afterwards, and there had been freedom from migraine or headache of any nature. I have not heard from the case since, more than three years ago, and I think it is safe to claim a cure in this case.

The case Dr. Moore mentions is one of the severe cases of migraine, that have been materially helped by correction of the manifest compound hyperopic astigmatism in the right eye, and a partial correction of the hyperopia in the left eye, the left eye having a high degree of hyperopia with very defective vision (only 7-200) with the correcting +6 dioptre lens. Any attempts above a +2 dioptre lens cannot be borne, and finally precipitates an attack of migraine.

Prescription for lenses given in March, 1902, controlled attacks until February, 1904. A correction of further manifest hyperopia of .37 dioptre in the right eye and an addition of .50 dioptre in left eye again controlled the migraine until the present time. Case is now under treatment having a recurrence of migraine. Examination fails to reveal any more hyperopia in right eye. I am greatly interested to ascertain if a full correction of the marked hyperopia of left eye will be accepted at this time, as this defective eye apparently is being used for both distant and near vision. Muscular balance is only slightly disturbed; a small degree of esophoria, a tendency to turn the eye inward in distant vision, and a slight exophoria, a tendency to deviate outward at the near point. As both eyes are used in distant and near vision, I am of the opinion that when a complete correction of the hyperopia in the left eye will be accepted, there will be a more lasting result from the lenses.

Dr. Colby: Some points which Dr. Richardson has made are worthy of impressing upon our minds pretty carefully. The chief one, as I look upon it, is the similarity between migraine and epilepsy; both of them idiopathic, both of them neuroses or psycho-neuroses, both of them, many times, inherited. They are transmitted by heredity as directly as any other disease. I do not know of any affection which is more directly transmitted from the ancestor to the progeny than migraine. This, to be sure, is true of nearly all neuroses.

They are similar again in that they both have a prodrome. The prodrome of migraine varies and is never termed an aura, but if you will consider that it is almost always sensory, is comparatively brief in its duration, and is almost invariably followed by a discharging attack of pain, you will see immediately how directly it compares with epilepsy which has an aura, an attack increasing for a few seconds or minutes until it reaches its acme, then subsides, leaving the patient in a condition of coma or natural sleep as the case may be.

It may seem a far-fetched comparison, a brief attack of epilepsy as compared to an attack which sometimes lasts forty-eight hours. But all epilepsy is not this way. An attack of epilepsy which represents sensory discharge and not a motor discharge may last for hours or days, during which there is an aberrant action of the mind, although the patient may

appear to the surrounders perfectly normal. During all these hours the patient's memory is entirely gone, and the discharge of nerve force manifests itself in wandering abroad, in taking the train and going he knows not where. He finds himself in a distant city, unable to account for it. He does not know where he is. His memory is entirely obliterated. Now here is an epileptic attack and it has lasted longer in its discharging phenomenon than does any case of migraine.

I think migraine should be differentiated more often than it is from hysterical headache. I was very glad when Dr. Payne called our attention to the difference between hysterical headaches and migraine. The hysterical headache need not have any sensory prodrome. It may have various hysterical manifestations, but that is altogether different from a prodrome, and when I say prodrome I believe that it is in the nature of an epileptic aura.

There is another thing to be thought of, and that is metabolism. An error in metabolism, I believe, will precipitate a headache with a person who has a tendency that way. A person who has an unstable nervous system pointing toward this disease may have it developed at any time by an error in metabolism, but I am not so much inclined as I once was to think that errors in metabolism are the cause of migraine ordinarily. We have tens of thousands of people that we know have errors in metabolism, and not one per cent of those persons develop migraine. There is something back of that. This something back of it is an unstable nervous equilibrium, which can manifest itself in this way.

Another thing, in regard to the treatment of these diseases. Dr. Richardson has spoken very well of the benefit of exercise. I think that is of the utmost importance, and also the exercise, if it can be in the open air and sunshine, is as essential in the cure of migraine as it is in the relief of epilepsy. We are now fast coming to believe that open air exercise of a general nature is far better for the cure of a deep-seated case of epilepsy than even the old-fashioned dosing of bromides.

Dr. Klein: Gower, in his Diseases of the Nervous System, makes the statement that migraine is similar to epilepsy. He gives that in definite form. He says that migraine is a nervous reflex acting on the nerves themselves, just as epilepsy is an action on the muscles. In fact, it is nothing but an irritation from some cause. Migraine is not only caused by some trouble of the eye; you will find that disease of the womb will cause it. A corn will cause it. Ingrowing toenails will cause it. It is a reflex action. It is a tendency which is present there, and wherever there is a weak spot in the system, that will irritate this neurosis and cause this intense headache. Why it should always attack the eyes, that is another question. The question is, why do we have it from uterine diseases, liver diseases, stomach diseases? I have seen people suffer intense headache from eating onions or garlic. Any cause whatever is likely to set up this if the condition is present. If a person is neurotic he will get migraine from any irritation anywhere. It is not always eye strain; we have it from the ears, nose, and throat. If the eye is the weak spot, it will irritate the eye. Medicines will sometimes cause it. You will invariably find that a disturbance in any part of the body is likely to cause migraine.

Dr. Richardson (in closing): I want to make as impressive as possible my idea that it is absolutely useless to treat migraine unless you attack the fundamental condition, unless you give what we call constitutional treatment. I believe the way I have designated is the best way to give constitutional treatment in these conditions of nervous instability. Dr. Colby says something about general exercise. Will you allow me to call your attention to my differentiation? The exercise which I believe does the most good is the exercise which underlies the rhythmic movement, in contra-distinction to that which I call emergency exercise, like playing tennis, etc. I believe that sort of exercise, while it is a good thing in improving the general health, does not effect the same result upon this loss of equili-

brium as the steady, rhythmic movement of some drill, something with rhythm in it. I believe that is capable of educating the nerve centers to an extent not appreciated.

Dr. Suffa: Do you believe in the deep breathing exercises, especially in addition to or in connection with the muscular exercises?

Dr. Richardson: Decidedly. I believe it is of the greatest possible advantage. Its advantage is a good deal more than the supply of oxygen acquired. It affords massage to the digestive apparatus. I think it is of great value to the digestive functions and to the circulation. But the thing I want to bring out especially, is this matter of rhythm, securing that in the exercises you prescribe. I believe that has much to do with what we want to bring about.

At nine-thirty-five the Society adjourned to the adjoining lobby, where a light lunch was served and a social half hour pleasantly passed

BENJAMIN T. LORING, *Secretary.*

A NEW SOCIETY.

The Cambridge Homœopathic Medical Society held its first meeting on February 19th, and elected Dr. Walter Wesselhoeft as President, Dr. J. Arnold Rockwell, Secretary and Treasurer, and Drs. Edward A. Carpenter, Herbert A. Chase, and Lena H. Diemar, Censors. Twelve of the fourteen homœopathic physicians of Cambridge were in attendance. Monthly meetings are to be held at the various offices of the members, and at each meeting topics of local and general interest will be discussed, and closer bonds of professional friendship established.

It is suggested that the homœopathic physicians of other cities might follow the example of this Society and the Neighborhood Club of Roxbury and Dorchester.

WE are in receipt of apparently reliable information that there is a good opportunity for a physician in Athol, Mass., and also one in Lisbon, N. H.

IN a letter recently received from the Committee on Prevention of Tuberculosis, New York, occurs the following:

"Extensive experience has taught us that, difficult as it may be for a poor man to recover from tuberculosis in this city, he is better off here among his friends and relatives, where there are more adequate hospital and dispensary facilities, than he is far from home, where he is thrown entirely upon his own resources and where the great number of consumptives willing to work at the lowest wages make the finding of employment, especially of suitable employment, almost impossible.

Favorable results from climate can hardly be looked for unless at least $10 per week can be spent for board and lodging. The stranger who has spent a large part of his savings on railroad fare, soon finds himself without work, living in the poorest rooms, eating the scantiest and cheapest food.

The practice of advising the removal to other climates thus defeats his own aims and casts upon the charity of other communities a burden which they should not and cannot sustain.

We invite the co-operation of the medical profession, therefore, in preventing persons suffering from tuberculosis from being sent to other States, unless:

(*a*) They are physically able to work and have secured in advance a definite assurance of the opportunity to perform work of a proper character at wages sufficient for their suitable support; or,

(*b*) Unless they have at their disposal at least $250 in addition to railroad fare."

OBITUARY.

Dr. George A. Tower of Watertown, died suddenly while in the street at Cambridge, Mass.

During his student life he was my pupil and a member of my family. As such he left only pleasant memories. His life and untimely end suggest the beautiful lines of Whittier:

"The threads our hands in blindness spin
No self-determined plan weaves in;
The shuttle of the unseen powers
Works out a pattern not as ours.

The wind-harp chooses not the tone
That through its trembling threads is blown;
The patient organ cannot guess
What hand its passive keys shall press."

He was born of good New England parentage in Biddeford, Maine, but in early childhood moved to Waterville, where he received such education as the public schools afforded, and later entered Coburn Institute. He determined to be a physician but, his parents being unable to aid, he was obliged to earn the necessary means. To do this he entered a machine shop, and, being naturally adept at the work, soon commanded a good income. While doing this he used his spare hours in study. He entered Boston University School of Medicine and graduated in 1877. He commenced practice in his native state, but an offer of a partnership business induced him to go West, which proved disappointing. A physician in Cohasset arranged with him to take his practice there, and he closed out his Western business and came East, only to discover that the physician had changed his mind and would remain in Cohasset. Under the circumstances he decided to open an office there. He rapidly established a good practice, some of the best families of the place being his patrons. Among them was Mr. Thomas M. Smith, whose only daughter, Susie, he married in 1880. About this time he was asked to take the practice of Dr. Wm. A. Jones of Wilton, N. H.., who had recently died. Here his skill as a physician was promptly recognized, and he soon had a clientele that taxed his time and strength to the utmost. With professional success and popularity at high tide, his health suddenly failed and he was obliged to give up work for a time. Convinced that he could not endure the long drives over the New Hampshire hills he regretfully gave up the field and located in Watertown, where he remained until his death. Here he soon gained the confidence of the community, and when, some six years ago his health begun to yield to heart disease, of which he died, he unquestionably held the leading practice in the town. His natural inclinations led him to surgery and, considering his having no hospital affiliations, he did a great deal and very successfully.

With his failing health, matters over which he had no control brought financial troubles. Unable to bear the labors of a large practice, he sought to regain his fortune in other ways, but without success. Doubtless these troubles aggravated his disease, and hastened the end, which came so suddenly.

No man ever worked harder to succeed, or had higher aims. His life, as given to the world in good work, was a grand success. As ordinarily measured it was a series of successes and defeats, and he was finally cut down, in what, with good health, would have been his high noon. His kindness of heart, gentleness of manner and uprightness of character attracted many to him and made him beloved as a physician, as a member of his church, and of his masonic lodge, and honored as a citizen.

His first wife was several years an invalid and died in 1895. In 1898 he married Miss Grace Hanway of Baltimore, who survives him, with his adopted daughter.

H. E. S.

BOOK REVIEWS.

Medical, literary and scientific publications will be reviewed in this department. Books and journals should be marked NEW ENGLAND MEDICAL GAZETTE, and sent to 80 E. Concord St., Boston.

A Trip to the Land of the Midnight Sun. By F. B. Tiffany, M.D. 1905. A very neat, attractive and interesting little booklet, well illustrated and clearly written.

Physiological Chemistry. (A laboratory manual). By Elbert W. Rockwood, M.D., Ph.D., Professor of Chemistry and Toxicology, and head of the department of Chemistry in the University of Iowa, etc. Illustrated. pp. 227. F. A. Davis Company, Philadelphia, Pa. 1906.

This is a volume particularly adapted for the medical student. It gives many of the simpler tests useful in laboratory work on carbo-hydrates, fats, proteins, blood, bile, etc. Nearly eighty pages are devoted to urine, bile, etc. A few blank pages are inserted for additional notes as may be desired. As an outline for a course in physiological chemistry it is very satisfactory. Good printing and neat binding combine to make an attractive book.

A Compend of Medical Chemistry, Inorganic and Organic, including Urinary Analysis. By Henry Leffman, A.M., M.D., Professor of Chemistry in the Women's Medical College of Pennsylvania, and in the Wagner Free Institute of Science. Fifth edition; revised. pp. 200. P. Blakiston's Son & Co., 1012 Walnut Street, Philadelphia. 1905.

Like all the series of "quiz" compends this little book contains a large amount of very useful information in a relatively small space. No pretenses are made that it will supply the place of regular text-books. The chapters cover general principles, descriptive, organic, and clinical chemistry.

It is written particularly for medical students, and to such should be of decided value, especially in connection with examinations, and when one desires to cover a large amount of ground in a very brief time. W. H. W.

Lectures on Auto-Intoxication in Disease, or Self-Poisoning of the Individual. By Chas. Bouchard, Professor of Pathology and Therapeutics. Member of the Academy of Medicine and Physician to the Hospitals, Paris. Translated, with a Preface and new chapters added, by Thomas Oliver, M.A., M.D., F.R.C.P., Professor of Physiology, University of Durham; Physician to the Royal Infirmary, New Castle-upon-Tyne; formerly Examiner in Medicine, Royal College of Physicians, London. Second revised edition. Crown, Octavo. pp. 342. Extra cloth. Price, $2.00 net F. A. Davis Company, publishers, 1914–1916 Cherry Street, Philadelphia.

In a series of thirty-two lectures, Bouchard discusses at length the various phases of auto-intoxication in man, describes the various theories, explaining them, and appends his own deductions. The toxicity of the urine and feces receives careful attention, as does also the etiology of uræmia. This last condition he concludes to be due to a complex intoxication and not to urea alone, as many claim. Chapters are devoted to poisoning from bile, typhoid fever, and cholera. The English translation has been carefully written, and whatever notes the translator may have added show care equal to that of the original. Therefore, the reader may feel that the volume contains the latest data on the subjects treated, and that whatever statements are made have excellent foundation for their veracity and exactness. In an appendix is a chapter on "Natural defences of the organism against disease," which goes far to complete the entire subjects considered in the foregoing pages. W. H. W.

The Practical Medicine Series of Year Books. Comprising ten volumes on the year's progress in medicine and surgery. Volume IX. Anatomy Physiology, Pathology, Bacteriology, Dictionary, by W. A. Evans, M.S., M.D., Adolph Gehrmann, M.D., William Healy, A.B., M.D. pp 217. Chicago: The Year Book Publishers. 1905.

Of the many books received from time to time for review, the one under present consideration stands well to the front. To one who desires to refer to the latest ideas and results of the year's progress in the lines of which it treats, this little volume will prove invaluable. It reviews the progress of the year most satisfactorily, and as such should be of much service to every physician.

Nothing original is attempted,—merely brief abstracts of the more important discoveries and investigations from recent literature. Each abstract is credited to the original article, with date of journal in which it appeared, thus allowing one to obtain a more complete description when desired of whatever subject is under treatment.

The dictionary containing 370 new words, all additions since the 1904 edition, shows how rapidly the medical vocabulary is increasing and how difficult it is for any one to keep pace with the advance. W. H. W.

The Diseases of Infancy and Childhood. Designed for the use of students and practitioners of medicine. By Henry Koplik, M.D., Attending Physician to the Mount Sinai Hospital; formerly Attending Physician to the Good Samaritan Dispensary, New York; Ex-President of the American Pediatric Society; Member of the Association of American Physicians, and of the New York Academy of Medicine. Second edition, thoroughly enlarged and revised. Illustrated with 184 engravings and 33 plates in color and monochrome. Lea Brothers & Co., New York and Philadelphia. 1905. Cloth, $5.00: Leather, $6.00 net.

The book is divided into fourteen sections. These sections are treated as follows: Sec. I. "Infancy and Childhood." A general consideration of the normal characteristics, such as weight, measurements, circulation, development, method of examination, management and hygiene, the administration of drugs and other methods of therapy.

Sec. II. "Infant Feeding." Sec. III. "Diseases of the Newborn" Sec. IV. "The Specific Infectious Diseases." "Sec. V. "Diseases of the Digestive System." Sec. VI. "Diseases of the Respiratory System." Sec. VII. "Diseases of the Circulatory System." Sec. VIII. "Constitutional Diseases. Sec. IX. "Diseases of the Lymph-Nodes, Ductless Glands, and the Blood." Sec. X. "Diseases of the Bones." Sec. XI. "Diseases of the Ear." Sec. XII. "Diseases of the Kidneys and Urogenital Tract." Sec. XIII. "Diseases of the Nervous System—Methods of Diagnosis." Sec. XIV. "Diseases of the Skin."

All of these subjects are considered from the standpoint of the practical experienced practitioner. There is no attempt at theorizing, or to advance speculative opinions. One who consults this work is at once impressed with the idea that the writer is thorough, accurate, and above all has the power of saying concisely just that which the student and practitioner needs to know. The chapter on diphtheria, for instance, is a good illustration. Here the disease is carefully considered in all of its phases and stages. The illustrations are exceptionally fine, and in the paragraphs on treatment one is gratified at the simplicity and definiteness of the management of cases, and of the drug therapy.

The article on syphilis is also noteworthy, and Section IX contains many points on differential diagnosis, which must be of great value to every practitioner of medicine. No book on this subejct has recently appeared which so completely disarms criticism, and which seems so generally satisfactory. G. B. R.

American Institute of Homœopathy. Transactions of the sixty-first session. Held at Chicago, Ill., June 26–July 1, 1905. By Charles Gatchell, M.D., Secretary. pp. 1031. Publication Committee, Chicago. 1905.

A volume containing, as does this, all the papers and discussions at the annual meeting of our national society, cannot fail to be of value to all interested in homœopathy. Forming a close second in point of value is the large number of statistics relating to the progress and status of all interests of the followers of Hahnemann. We regret certain inaccuracies in these statistics, as well as some typographical errors, but excuse them by considering the multiplicity of persons upon whom the editor must be dependent in compiling a volume containing so varied subjects. W.

"Cleft Palate and Hare Lip." By W. Arbuthnot Lane, M.S., F.R.C.S., Surgeon to Guy's Hospital, and Senior Surgeon to the Hospital for Sick Children, Great Ormond Street, London. A Monograph illustrated. pp. 63. 1905. 5s. The Medical Publishing Company, Ltd., London.

In this well illustrated monograph the author has presented a very attractive, as well as valuable addition to the published works on the subject in hand. He first considers the development of the mouth and pharynx and then the factors involved in producing such development. From these he concludes that early operation is the most efficient ,and advocates correction of these deformities as soon after birth as is possible. He explains clearly the successive steps in operating and illustrates the same with fifty-one cuts and diagrams.

This monograph is one well worth the careful consideration of all interested in oral surgery.

The Physical Examination of Infants and Young Children. By Theron Wendell Kilmer, M.D., Adjunct Attending Pediatrist to the Sydenham Hospital, Instructor in Pediatrics in the New York Polyclinic Medical School and Hospital, New York; Attending Physician to the Summer Home of St. Giles, Garden City, New York. Illustrated with 59 half-tone engravings. 12mo. 86 pages. Bound in extra cloth. Price, 75 cents, net. F. A. Davis Company, publishers, 1914-1916 Cherry Street, Philadelphia, Pa.

This is a handy little volume, treating a subject unsatisfactorily covered by most of the more pretentious books on physical examination. It makes no pretences to assist in diagnosis, merely describing methods of examining infants and young children.

Eleven reasons are given why a child cries, with indications for each. Numerous illustrations give a clearer idea of some of the methods than would long descriptive explanations.

The book is well bound and clearly printed.

Differential Diagnosis and Treatment of Disease. A text-book for practitioners and advanced students. By Augustus Caille, M.D., Fellow of the New York Academy of Medicine; member and ex-President of the American Pediatric Society, etc. pp. 867. Illustrated. D. Appleton & Co. New York and London. 1906.

This is one of the most satisfactory volumes on this subject that has appeared for some time. It is neat, well arranged, and attractive. Good illustrations and many of them add much to the knowledge that one may obtain from studying it.

In the early chapters are found some rather elementary descriptions of certain laboratory methods in connection with blood and urine examination. Then follow general therapeutic measures as venesection, hyperdermocycles and hydrotherapy. Pediatrics has one chapter to itself. Diseases of the digestive, circulatory, respiratory and genito-urinary systems are carefully treated, as well as other less important ones. These, together with chapters on infective fevers, massage, metabolism, electricity

anesthesia, etc., combine to make a very valuable volume. It will give a great amount of information to the average general practitioner and even the most scholarly specialist can well take time to peruse the volume, fully assured that he will find something therein to repay him for the time employed. W. H. W.

Refraction. Including Muscle Imbalance and the Adjustment of Glasses. By Royal S. Copeland, A.M., M.D., Professor in the University of Michigan, and Adolph E. Ibershoff, M.D., Instructor in the University of Michigan. pp. 144. Cloth, $1.50 net. Philadelphia: Boericke & Tafel. 1906.

The design of the authors, as stated in the preface, is to "simplify the teaching of Refraction," and the book is an admirable introduction to the subject. The logical way to take up any technical subject is first to get some superficial but comprehensive view of the whole ground, since plunging at once into details is confusing.

The rudiments of the following subjects are treated: Lenses, Normal Eye, Asthenopia, Ametropia. Test Case and Objective Tests. Muscle Imbalance.

The photogravures of prisms, cylinders and spheres, with lenticular discs removed, are both novel and graphic. The book would make an excellent syllabus for a didactic course. Such a qualification of the title as "Refraction for Beginners" would prevent any misconception of the scope of the work. D. W. W.

BOOKS, REPORTS, ETC.. RECEIVED.

Prostatism Without Enlargement of the Prostate, C. H Chetwood, M.D. New York.

Recent Experiences in Kidney Surgery and the Utility of Diagnostic Aids. C. H. Chetwood, M.D.

Bulletin of the Hahnemann Medical College and Hospital of Philadelphia, December, 1905.

Detroit Emergency Hospital. Clinical Department of the Michigan College of Medicine and Surgery, Dec. 1, 1905.

Fifty-fifth Annual Report of New York State Hospital for the Care of Crippled and Deformed Children.

Transactions of the Connecticut Homœopathic Medical Society, 1905. President, H A. Roberts, M.D., Derby, Conn.; Sec'y, H. A. Cameron, M.D., Waterbury, Conn.

Transactions of the New York Homœopathic Medical Society, 1905. President, D. G. Wilcox, M.D., Buffalo; Sec'y, H. Worthington Paige, M.D., Oneonta, N. Y.

McCall's Magazine. The McCall Company, publishers, 236–245 West St., N. Y. Fiction, household items, fashions. A good magazine for the doctor's family or the reception-room table. Fifty cents a year.

"The Bloodless Phlebotamist" for January contains an interesting paper on "The Early Diagnosis of Pulmonary Tuberculosis," by Dr. H. Edwin Lewis of New York. Copies of this number may be obtained gratis of the Denver Chemical Mfg. Co., 57 Laight St., New York City.

New Name for the Maternity Hospital.—One of the nurses at the Massachusetts Hospital relates the following genuine case: While walking along West Newton Street she was accosted by a woman much perplexed and bewildered, who said, "I am looking for the Matrimonial Hospital. They told me it was on this street, but I've been the entire length and can't find it."

PERSONAL AND GENERAL ITEMS.

Dr. Arthur Warren has removed from Belchertown, Mass., to Chicopee Falls, Mass.

Dr. Claude P. Jones, B.U.S.M., 1905, has located at 10 No. 6th St., Vineland, N. J.

Dr. William H. Kennison, B.U.S.M., 1899, has removed from Newfield, Maine, to Madison, Maine.

Dr. Clarence H. Dobson (Hahnemann, Philadelphia), has removed from Auburndale, Mass., to South Ashburnham, Mass.

Dr. Clement H. Hallowell, B.U.S.M., 1879, formerly of Walpole, Mass., has located at 138 Vernon Street, Norwood, Mass.

The Erie Railroad is now regularly fumigating all the cars of its through trains, and in addition has special deodorizers placed under each seat over night.

Dr. H. P. Gillingham has recently moved to Providence, R. I., from Fairhaven, Mass.

Dr. Dudley A. Williams, B.U.S.M., 1900, has removed to 491 Hope St., Providence, R. I.

Dr. Catherine E. McGovern, class of 1896, B.U.S.M., located in Providence, was married recently to Dr. J. G. O'Meara.

Dr. Frederick B. Percy, of Brookline, Mass., read a paper on "Cancer of the Breast, with Reference to a Particular Case," at the annual meeting of the Rhode Island Homœopathic Medical Society, held January 12th.

Dr. Paul R. Oeser, B.U.S.M., 1904, has just finished his term of service at the Cumberland Street Hospital, Brooklyn, N. Y., and expects to settle in practice in that city.

Dr. Arthur F. Weston, B.U.S.M., 1093, has located at 53 Summer Street, Keene, N. H., having purchased the practice of Dr. Geo. W. Flagg. The latter has retired from practice for the present.

Dr. Anna Isabel Lyon, B.U.S.M. '89, has fallen heir to a fortune through the death of one of her relatives. She is at present engaged in the study of law in Minneapolis, with a view to becoming a medical legal expert in cases relating to insanity.

For Sale—$4000 practice for sale in one of California's delightful valleys. Collections 95%. No opposition. Reason for selling, wish to devote year to post-graduate study and practice a specialty. Full information by writing M. S. Kelliher, M.D., Lompoc, Calif.

Dr. Wm. K. Bouton, B.U.S.M., class of '85, settled in Melbourne, Australia, is about to visit the United States after a long absence. He expects to spend several months in this country and to remain for the meeting of the International Homœopathic Congress to be held at Atlantic City in September.

The recent meeting of the famous "Unanimous Club" at the Manhattan Hotel, New York, was a brilliant social occasion, long and pleasantly to be remembered by those who enjoyed the Club's hospitality. Among its guests were a goodly number of the physicians attendant on the meetings of the Committee of the International Congress.

The January number of "Bostonia," the official organ of Boston University, was devoted largely to the interests of the Medical School, the leading article being Dean Sutherland's address at the opening of the thirty-third session of the School, Oct. 5, 1905. The leading editorial was also on the Medical School, with an additional page of items of interest.

An innovation will be noted in connection with the meeting of the Boston Homœopathic Medical Society, reported elsewhere, when it will be seen that the final half-hour of the session is devoted to an informal reception with a light lunch. Reports concerning the first trial seem to justify the executive committee in making it a permanent feature.

According to newspaper reports, an anti-seasickness league of Germany will charter a steamer to carry physicians from Hamburg to the Medical Congress at Lisbon next April.
On board about a hundred methods of overcoming seasickness will be demonstrated and the passengers can take their choice.

The Homœopathic World (London, England), in its January edition, gives a prominent place to the coming International Homœopathic Congress at Atlantic City next September. Postponement of the meeting from summer to fall for the convenience of the European visitors is much appreciated. Dr. Clarke gives a strong appeal to British and Continental homœopaths to use every effort to try to attend.

An instructive circular has been prepared by one of our physicians, Dr. J. A. Rockwell, Jr., of Cambridge, and is now being distributed to the school children of that city under the auspices of the Anti-tuberculosis Association and the School committee. It contains general information regarding the prevention of consumption (Tuberculosis) and other germ diseases. Lack of space prevents our giving in full.

The attention of readers of the Gazette is called to the extra amount of reading matter in the last three issues. The regular number of pages for many years has been forty-eight. The January number contained fifty-six, February, fifty-two, March, fifty-eight, making twenty-two extra pages in all. The smaller type now used for part of the pages also makes possible to print a much larger amount of material than formerly.

For Sale—On reasonable terms, private sanatorium finely located opposite Washington Park, Roxbury, Mass. Has been successfully conducted by a nurse for twenty-five years. Had had the patronage of a large number of the leading physicians of Boston. It is fully furnished and exceptionally well adapted for a sanatorium or private hospital for the care of eight or ten patients. For further particulars, address the Business Manager, Dr. W. K. Knowles, M.D., 40 Mt. Pleasant Ave., Roxbury.

Value of a Body.—The following is a letter recently received by the Boston University Medical School. It is self-explanatory:
"Sirs.—Having heard of your advertsment with regaurd of willing bodies away for medical reserche, I am willing to will mine to you on the condition of one thousand dollar ($1.000)."
Possibly many of us would be willing to procure one thousand dollars as easily.

We regret to learn of the progressive blindness that seems to be the inevitable lot of our colleague, Dr. C. A. Cochrane of Winthrop, Maine, following an injury some time ago. The doctor was an early member of the Massachusetts Homœopathic Medical Society, and so continued till one was formed in Maine.

He has practiced medicine nearly fifty years, and is the son and grandson of physicians, each of whom also practiced for an equal length of time. One hundred and fifty years of continuous practice is a record that but few families can equal in three generations.

Wanted.—Medical Clerk (Male). March 21, 22, 1906. The United States Civil Service Commission announces an examination on March 21-22, 1906, to secure eligibles from which to make certification to fill vacancies as they may occur in the position of copyist (male), at $900 per annum, in the Bureau of Pensions.

Age limit, twenty to thirty-five years, on the date of examination. The Department, however, desires, as far as practicable, to appoint persons to these positions who are between the ages of twenty-five and thirty years.

Further information may be obtained at the post-office in Boston, Fall River, Springfield, Fitchburg, and Worcester.

The very many friends of Dr. Fredk. P. Batchelder extend to him their heartfelt sympathy in the great sorrow that has befallen him, in the death, on February 3, of his wife, Florence Emery Batchelder. Mrs. Batchelder was a woman of exceptional delicacy of temperament and sweetness of character, who bore with a noble and exemplary fortitude the many years of physical suffering she was called to endure in her later life. She is sincerely missed and mourned by all who were privileged to know her.

The "Pine Tree State" can certainly be congratulated upon the success attending the campaign of education in tuberculosis, instituted by the state board of health some time ago, and upon the very efficient hospital that it has for consumptives. Some years ago there were more than sixteen hundred deaths from the disease in the state, while at present, with an increased population, this number has been reduced by one third.

At Hebron, Maine, was established the third state sanatorium for tuberculosis in the United States. Here the buildings are continually increasing in number, and the ability of the institution to combat the disease is becoming correspondingly greater. A farm of three hundred acres in connection provides ample opportunities for fresh vegetables, milk, and eggs.

There is something radically wrong with the man who has "no time to read." If he hasn't the time he should take the time, just as he should to eat and sleep. How else can he know what is going on in the medical world. What advances are being made? Does it never occur to him that the reason he lost that case yesterday was because he is *already* behind the times—even though he is out of college less than five years? The fact that very likely would have saved the life was in the magazine which he never took the trouble to open. No matter how successful he may be, sooner or later he will be replaced in the affections and confidence of the community by young Jones, who has hard scrabbling enough now, God knows, but who is forging to the front, because *he* has "time to read."—American Journal of Clinical Medicine.

The January number of the Clinique, which arrived too late for notice last month, announces a change of editors, Dr. Gatchell giving place to Dr. H. V. Halbert, who was editor two years ago.

In his editorial letter the new editor announces that the 'Medical Visitor' has been amalgamated with the Clinique, and that the journal will now become the official organ of the Illinois Homœopathic Medical Association. This first number certainly justifies the optimism expressed in the editorial columns, for its collection of original articles are by men of wide repute. Shears, Tennant, Mitchell, and Bailey form a quartette that should give prestige to any journal in which they are represented.

From the new staff of the GAZETTE to the new staff of the Clinque, go all best wishes for future success and prosperity.

AT the joint meeting held in New York Jan. 31 and Feb. 1, there were present five of the six members of the Executive Committee of the American Institute of Homœopathy; four of the five members of the special committee of the International Homœopathic Congress; five of the seven trustees of the Institute for Drug Proving, and one representative, Dr. A. W. Bailey, of Atlantic City, of the local committee of arrangements. Eight states were represented at this conference, and the District of Columbia. The states were: Arkansas, Iowa, Michigan, Pennsylvania, Ohio, New York, New Jersey, and Massachusetts. Ten cities were represented: Little Rock, Des Moines, Ann Arbor, Washington, Pittsburg, Cleveland, Philadelphia, New York, Boston, and Atlantic City. All of which makes a good representation of American homœopathy to get together in mid-winter.

ENCOURAGING STATISTICS.—A few months ago much discussion was seen in the medical press concerning the decadence of the homœopathic schools in America, in point of number of students. In order to obtain a somewhat correct estimation of this supposed decadence, the *Medical Century* has made a canvas of these schools, with very satisfactory results.

These reports appear in the February issue of the journal, from which the following notes are taken:

"During the past fifty years matriculants in medicine have increased and decreased in number in wave-like process, increasing for several years, and then decreasing correspondingly. The last few years have seen one of the retrograde movements common to almost all the medical schools, homœopathic and allopathic. The tide now seems to have changed with the present wave which bids fair to overtop all previous ones. From our homœopathic colleges come the following reports concerning the number of new students.

Boston University School of Medicine, 1905, Matriculants increased over 1904.

Hahnemann, San Francisco, slight increase.

Kansas City Hahnemann Medical College, large increase.

New York Homœopathic College for Women, slight decrease.

Homœopathic College of Missouri, material increase.

Southern Homœopathic Medical College, slight decrease.

New York Homœopathic Medical College, increase about five per cent.

Hahnemann Medical College of Chicago (amalgamation two schools), uncertain.

Hering Medical College, large increase—largest class in ten years

Cleveland Homœopathic College, slight decrease.

Pulte, Cincinnati, slight decrease.

The University of Minnesota, no report.

Denver Homœopathic College, no report.

Southwestern Homœopathic College, increase, thirty per cent

Detroit Homœopathic College, very slight increase.

Hahnemann Medical College, Philadelphia, decided increase.

Homœopathic Department, University of Michigan, decided increase.

Homœopathic Department, University of Iowa, increase over twenty per cent.

From the above it will be seen that eleven schools report increased matriculants, some having a very large percentage of increase, and four schools have suffered slight decrease in numbers. We do not see distinctly how this can be considered to indicate a decadence in homœopathy or of the homœopathic colleges taken as a whole.

Certainly much credit should be given to the Medical Century and its able editor in presenting these statistics, which will, we believe, be of much interest to all of our readers.

To-day's Crusade Against Consumption.—The most general and fatal disease of mankind is tuberculosis (consumption). One-tenth of all people fall victims to it. In America alone over 110,000 people die of it annually. The disease originates through the inspiration of ingestion of the germ of the disease, the tubercle bacillus. Infection usually occurs through the sputum, which contains millions and millions of the bacilli. It is only dangerous when it dries and becomes pulverized, and the bacilli are thus disseminated in the air. This most frequently happens when it is spit on the floor or into handkerchiefs. The drying of sputum is a source of danger not only to those who come into contact with consumptives, but also to the invalids themselves, as they are apt to reinhale or reingest the bacteria which they themselves have expectorated, and thus infect portions of the lungs or other tissues which were previously healthy. Public measures for the restriction and prevention of tuberculosis are:

1. The establishment of free sanatoria in the country for the treatment of incipient and moderately advanced cases, and also farms for convalescents.
2. The establishment of city hospitals for the treatment of advanced cases in the wards, and of dispensaries for ambulatory cases.
3. Registration of all cases and thorough disinfection of all houses in which tuberculosis has occurred.
4. Government inspection of dairies, slaughter houses and herds.
5. The organization of societies for the prevention of tuberculosis.

Measures for the prophylaxis of the individual are:

1. The absolute control and destruction of the sputum. This can only be done if the patient spits into paper spitboxes or paper napkins, which are subsequently burned. Spittoons should not be used.
2. Care and cleanliness in the home, in respect to dust and dirt, and in disinfection of articles contaminated by use.
3. Tuberculous persons should sleep alone. The room should have no unnecessary drapery or furniture, and the windows should be kept open both night and day.

Personal prophylaxis is inspired by the fact that the consumptive, if scrupulously clean, is not a source of danger even to his immediate environment. If the above directions in regard to sputum are observed, association with consumptives and the care of them is ordinarily without danger.

Francine, J A M. A., Nov. 18, 1905.

Errata.—In an article written by Dr. E. R. Johnson in the December, 1905, number of the Gazette, on "The Care of the Ear in General Practice," several errors occurred which we wish to correct. The prescriptions should read as follows:

R. Acid Carbolici
Soda bicarb. a.a. grs. vi. *Not* one-sixth gr.
Glycerine.
Aqua a.a. drs. iv. *Not* one-fourth dr.

R. Ac. Borac. Calend. dr. iv. *Not* one-fourth dr
Ac. Carbolici 10 grs.

Also: Sub. cor., one gr. to 4 oz. water. *Not* one-fourth oz.

Also: The incision in the membrana tympani should be made three-sixteenths of an inch—*not* three-sixths.

THE NEW ENGLAND MEDICAL GAZETTE

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ORIGINAL COMMUNICATIONS.

THE VALUE OF DRUGS IN THERAPEUTICS.*

BY FREDERICK C. SHATTUCK, M.D., BOSTON, JACKSON PROFESSOR OF CLINICAL MEDICINE AT HARVARD UNIVERSITY.

I do not believe that King David meant to be taken in absolute seriousness when he classed all men alike as liars; nor do I believe that Dr. Holmes, had it come to the point, would have cast every drug into the deep.† Ten righteous men would have saved Sodom, than which the Pharmacopœia is less sinful in that most of its inhabiters are negative characters, like Kipling's Tomlinson—neither fit for heaven nor ripe for hell. Even if the Pharmacopiea were as bad as Sodom it would be easily saved by a score or more of agents which the world could ill spare. Moreover, who can foretell what chemistry is still to do for us?

Dr. Holmes' statement was made at a time when the only drugs in use were those pretty directly derived from the mineral or vegetable kingdoms. The rising sun of science had scarcely reached the valley of therapeutics, though the keen vision of Jacob Bigelow penetrated deep enough into the gloom to see that many diseases are self-limited, and curable rather through that which is in the patient than what we put into him. To-day new compounds are made and tested, compounds which as far as we know never existed before. The vast majority of them are of little or no value as remedies for disease; but some useful synthetic compounds have been discovered, and more will be discovered. Who can count the number of cases of typhoid which have originated through the urine of a previous patient? This is a danger against which urotropin rightly used seems to afford absolute protection. For the past eight years my typhoid patients have all had seven to ten grains of urotropin thrice daily two successive days of each week until convalescence was complete. In no case has harm resulted. Were the practice universal there would be less typhoid, the prevalence of which among us is a reproach to our civilization.

*Read at the meeting of the Boston Homœopathic Society, March 1, 1906.

†So he is generally quoted. But he expressly exempts opium, a few specifics, wine, and ether.

Bigelow and Holmes were among the early protestants against the irrational and indiscriminate therapy which had ruled the medical world since the time of Galen. Here and there a Sydenham had arisen above authority but was ahead of his time. To-day, thanks to a scientific spirit and saner methods, we believe food, sleep, and fresh air to be the Trinity of Health, and that if we can regulate the lives of our patients we can largely dispense with drugs. It is true that we have a few specifics, as quinine for malarial fever, and to a less degree, for amoebic dysentery. We also have mercury and the iodides for syphilis. The salicyl compounds, great as their control is over the articular manifestations and fever of what we call rheumatism, can scarcely be classed among the specifics until the evidence is clearer than it seems at present that they prevent or control the heart involvement, so much more serious in its effect than the joint inflammation. Our knowledge of these agents, as of most of the other useful drugs to which I shall allude, is purely empirical. Diphtheria antitoxin and thyroid extract are not, properly speaking, drugs; though they are remedial agents of the first importance, and there is sharp contrast between their birth and that of quinine or mercury.

It may be broadly stated that drugs are in the main adjuvants only; that such beneficial effects as belong to them lie in their power to alleviate some untoward symptom like indigestion, insomnia, pain, which retards or prevents recovery. This is eminently true of those acute and chronic general-infections, for which we have, as yet, no antidote—such as typhoid, pneumonia, the exanthemata and tuberculosis. In these the action of drugs at present known can be only indirect. All that we can do now is to put the patient under the most favorable conditions possible in order that we may help him to manufacture his own antidote. Many a case, of acute infection especially, goes through our hands without getting any drug at all. If we use a drug it is purely symptomatically.

Take again diseases which, in our present ignorance, are incurable. Among these I shall speak only of cancer and pernicious anæmia. In certain forms and in certain stages of cancer, surgery may be curative. Drugs, opium especially, may here, judiciously used, promote comfort (no mean boon) and prolong life. That is all drugs can do. In pernicious anæmia, experience teaches me that the down follows the up-wave sooner or later, neither wave nor interval being capable of influence for good through drugs unless possibly to a slight degree by arsenic. Injudicious medication may do the patient harm. The fundamental good which judicious medication can do is problematical.

Again, there are maladies more or less local in their character in the successful treatment of many cases of which drugs may

be practically indispensable. Myocardial disease furnishes a good illustration. I feel as sure as I can of almost anything in medicine that there are cases where hygiene and every other therapeutic agent fails without digitalis. Twice in the past two years I have sent back to Nova Scotia a living and greatly improved cardiac patient whose doctor and friends expected him to return in a coffin. The determining factor was a fairly bold use of an efficient preparation of digitalis, a drug, the occasional or continuous use of which may enable a person to lead a relatively active and useful life, perhaps for years. It may be regarded as practically curative, and when well dispensed we could ill dispense with it.

There are, furthermore, a number of minor ills which a skilled practitioner can so modify by drugs (which will often be taken while wise general advice would be left unheeded) as to increase the efficiency of life and the joy of living. An illustration which comes readily to mind is what was called biliousness, now more generally known as auto-intoxication, and the effect upon it of an efficient purge. Calomel is a favorite nowadays. It is interesting to recall that the indiscriminate and excessive use of calomel and blue mass in former times led to their practical abandonment. Calomel was used irrationally. It is now used rationally in the main.

In gastric indigestion our chief reliance must be on diet and mode of life. They alone will usually right the mischief. But time can often be saved and an irritable be converted into a placid member of the household more quickly with the aid of an acid, an alkali, bismuth or some other well selected drug or combination of drugs. The bromides seem clearly to allay reflex excitability, and often thus are of use in dyspepsia, palpitation of the heart and genital disturbance, in so far as these are due mainly to faulty innervation based upon nothing worse than what we call functional disorder.

The temporary or occasional use of a bromide or of one of the other more modern hypnotics can greatly help nature by securing sleep; but we must never forget the danger of the use, or too constant use, of these remedies. Each new hypnotic which comes out is at first called harmless; but we have all seen addiction to chloral, paraldehyde, amylene hydrate, sulfonal and trional. Veronal has scarcely had time to show its hand. Prophecy is dangerous; but I do not believe that a drug will ever be found which will cause a really natural sleep and can thus be used day after day indefinitely with safety. Some of the modern coal tar antineuralgics when rightly used are potent for good; but unless their sale as headache powders and bracers over every drug counter and in every bar-room can be stopped, I think, on the whole, the world would be better without them. They are not as innocent as they are believed to be; and in so

far are more dangerous than opium, care in the use of which is generally recognized as desirable. I have, by no means, exhausted the list of drugs which I believe in themselves to be really active and thus capable of rendering good service to diseased and ailing humanity; but I think I have said enough for my purpose, which is to sketch rather than to attempt a finished picture, however small.

Therapeutic truth lies at the bottom of a very deep well, deeper than the medicine and food manufacturers who leave us samples realize themselves, or would like to have us realize. It is very easy for us to connect sequent events as cause and effect, though they may stand in no such relation to one another. Let us be on our guard, not only against our own credulity (and we are all infected more or less, either generally or locally, constantly or occasionally), but also against that of our patients. The power of suggestion may, nay, so very often does, play the leading part, whether we recognize the fact or not. When the good clergyman in the midst of his sermon said, "My friends, it is not so much the well from which we draw the water as it is the spirit with which we take it that counts" some of his congregation were amused. We may not altogether blame their levity, however firmly convinced we are of the truth of the statement. The same remedy in the same case at practically the same time may be of great service in the hands of one practitioner and fail utterly in the hands of another. To how many cases in which benefit has been and is attributed to drugs, do the words of Christ to the menorrhagic woman apply, "Thy faith hath made thee whole"? Mind cure, faith cure, and christian science, are simply new manifestations of the old, old human nature, which is intolerant of the slow evolution of accurate knowledge, which must cling to something, and which thinks if it has a new name it has a new thing. As drugs in general have lost the pre-eminence in the treatment of disease which they once enjoyed, and as faith in old religious dogma has weakened—disease and the demand for its cure persisting all the time—faith, which also persists, seeks new channels. This need not disturb us at all, nor should it lead us to slacken our constant effort to think straight. Let us use suggestion as far as is necessary to subserve the best interests of our patients; but let us strive without ceasing to separate in our own minds mere suggestion from actual drug action. Few are capable of either imparting or receiving suggestion strong enough to prevent a hypodermic of apomorphia from producing active emesis, or zinc sulphate given by the mouth for that matter. But we have all seen cases in which the patient was relieved by a hypodermic of plain water which he—or she—believed to contain morphia.

I well remember when interne at the Massachusetts General

Hospital, a third of a century ago, a liniment introduced by a member of the staff who was of a skeptical turn of mind. It was a solution of common salt in water colored with some ink, which had been bought by the hospital, and which proved of poor quality for writing purposes. It was called Linimentum Salis, and more than one patient who had used it in the hospital came back for it after discharge, having found it useful and being unable to get it in any drug-store. Rubbing is as useful as it ever was. To-day we call it massage. Some call it osteopathy. The element of suggestion enters more or less, I suppose, into the action of most applications to the seat of pain or disease. In recent years certain clay preparations, mildly scented, have attained much vogue. The thought of being smeared with such stuff adds a new terror to illness. Primitive people prefer medicines with taste and odor, even if not agreeable. An Adirondack guide of mine replied when I asked him how he liked some claret I gave him, "Well, I guess it's healthy!" I have an impression that homœopathy has not made as much headway among the farming and laboring classes as among the more educated classes with a different kind of an imagination. The late Dr. T. B. Curtis remarked to me once, that it is impossible to underrate the intelligence of the most intelligent class in matters of physical science. They do not know what constitutes evidence or how to weigh it.

It seems to me that the leading therapeutic principles can be stated somewhat as follows:

First. Do no harm. This principle seems to be well met by the homœopathist who uses the infinitesimal dose. He does no harm save in so far as he may miss doing good.

Second. Try to see as clearly as possible just why you give a drug, your purpose in giving it, whether as a specific, curative, palliative, or as a placebo.

Third. As far as you *can* give a drug uncombined. This is a general rule subject to many exceptions. Rules, however, are made to break. They are our servants, though we too often allow them to be our masters. But in breaking rules we must use our brains, an exercise which most of us avoid as far as we can.

Fourth. In using an efficient drug be as sure as you can of a good preparation, and then give it until something happens—either the desired effect or evidence appears that the limit of toleration has been reached—what is called the physiological but what I should prefer to call the toxic effect. Disregard of this law, is, I believe, responsible for many therapeutic failures. Allow me to mention two remedies in this connection. Nitroglycerin is not to be thrown aside as useless until its dose has been pushed to the point of headache or flushing of the face without relief. In syphilis of the nervous system I share the

belief of those whose experience in that line has been far greater than mine that the dose of potassic iodide should be rapidly pushed, even once in a while to three ounces a day. It is rarely necessary to go as high as this; but one to four drams three times a day are not infrequently needed, unless I am more credulous than I think I am.

All that I have said may be summed up in the statement that our knowledge of drugs as therapeutic agents rests mainly on an empirical basis, and that in drawing conclusions we must be keenly alive to the manifold sources of error which encompass us on every side. Here judgment is indeed difficult.

I venture now to add a few words which I am sure you will take in the friendly spirit in which they are said. Why is the noun *Physician* not broad enough for any one? What is the reason to-day for any adjective? Scientific medicine is younger than homœopathy, which is one of the forces that has led to the more rational use of drugs, in conjunction with the truly scientific spirit and with modern chemistry, which has separated the wheat from the chaff, and given us efficient agents, pleasing to the eye and inoffensive to the palate.

There is really no room in medicine for sects. There is less excuse for the Odium Scientificum than for the Odium Theologicum, in that scientific questions are more capable of demonstration. In matters of faith one man's opinion may be as good as another's—may be better for *him*. Not so in matters open to direct experimentation. It is mainly the imperfection of our constantly growing knowledge, and, may I add, the frailty of our tempers and our narrowness of view which produce apparent discord. In essentials you and I agree, I think. As far as the selection of the drug and size of the dose go, unless my observation is wofully at fault, we are daily coming closer together. I frankly state that, in my opinion, homœopathy has done its work. You and I are really separated in name rather than in fact, and, though I am no longer young, I hope and expect to see a single State Medical Society, comprising within its ranks the great majority of all well educated and honorable physicians animated by the sole desire to advance knowledge, elevate the profession of medicine and serve the best interests of the community.

According to my thinking a grave mistake was made when the Massachusetts Medical Society years ago expelled reputable well trained men whose only offence was that they used homœopathic remedies homœopathically. This mistake was made practically at the behest of the American Medical Association. Had the Massachusetts Medical Society simply stood pat it would have been justified by time as well as by its conscience. To-day the American Medical Association is more liberal; but the portal of entry into the American Medical Association is

through the State Societies, and a By-Law of the Massachusetts Medical Society prevents your joining it should you be so minded unless you sever your present affiliations and sign a statement that you do not "profess to cure disease by, nor intend to practice, spiritualism, homœopathy, allopathy, Thomsominism, eclecticism, or any other irregular or exclusive system," etc. On spiritualism we need waste no breath in this connection. Allopathy has never existed. Thomsonianism and eclecticism are dead.

Mine eyes hope to see the glory of the coming of the Lord! The true physician is simply seeking the truth as God gives him power to see it, and it is the truth which sets men free. Homœopathy in its early days especially was too much dominated by its theories of selection and dosage. One result is a tendency to devote too exclusive attention to the study and nature of symptoms, too little attention to thorough physical examination, which, with proper methods and correct reasoning, lead to diagnosis.

Within ten years a lady who had been under the care of one of your leading members for three years and had obtained no relief for severe pruritus consulted an eminent dermatologist, who referred her to me. Itching was due to chronic retention of bile which discolored the urine more profoundly than the skin or sclera, and which was due to biliary cirrhosis of the liver,—Hanot's cirrhosis. The liver was very large, and the outlines of the lower edge could be felt with the greatest ease. The lady, who seemed a cool-headed and credible person, assured me that her attendant had never examined her during the three years she had been going to his office. I do not know any member of the Massachusetts Medical Society who could hold a patient three years under the same circumstances without examination.

Undue attention to the symptoms of disease has resulted in neglect of deep study into the nature of disease. If any really important contribution to the advance of medical science has come from a homœopathic physician I am ignorant of it, but am more than ready to learn.

Scientific medicine is open to the danger of going to the extreme of therapeutic nihilism, of disregarding the individual, of forgetting that, while our knowledge is imperfect and the big thing is to find out the true nature and cause of disease, the present-day sufferer demands, and has a right to demand, all the aid that our knowledge, imperfect as it is, permits. Peace and concord we enjoy. Let us, imbued with charity rather than prejudice, strive for unity.

Discussion.

Dr. Walter Wesselhoeft: I can only say that I have listened with the greatest interest and closest attention to both the speakers, and I wish especially to thank the first speaker for coming here. I look upon it as a kindness. He comes here to instruct us, to offer us peace and harmony. He has hardly uttered a word with which I do not agree fully. There is but one point upon which I venture to differ, that he excludes from his consideration an infinite number of observations (I will not as yet call them facts), which have been placed together and seen to possess one uniting feature, in that a reaction takes place in certain pathological conditions and processes on the administration of certain remedies possessing the peculiar features of the disease itself. These, I say, are observations, observations that are countless to-day and at the same time are only recognized as correct by those who closely pursue them, those who attempt to bring them about and those who attempt to observe them. To those who have been in the habit of observing these reactions they have come to have the aspect of being governed by what we call a law, a law that has its distinct limitations, but is nevertheless a law.

The existence of such a law has been practically ignored on the one hand; on the other, it has been seized upon, and extended, its phenomena reproduced, under countless varying circumstances, with results that have strengthened the conviction of the existence of these observations as scientific facts. As I said, on the one hand these have been rejected; on the other hand they have been applied in practice.

The lapse of time has tended more and more to separate these two views concerning the existence of what we may call the curative power of drugs, and notwithstanding that there is unquestionably an affiliation or an approach in general practice between these two divergent tendencies, there is yet this wide division of view that can never be reconciled so long as we do not deliberately set about testing these facts under the most rigid, the most scientific and equitable conditions, otherwise there is no possibility of reaching any conclusion. We may discuss these things late and early, we may hold to our convictions, and yet at the same time we shall never come to an agreement unless we positively abandon all the old facts and deliberately set about to create new ones, and those new ones under rules that shall be recognized as scientific by the entire profession and that shall govern a method of observation open to every doubter, every believer. I hold that we on the believing side, that of homœopathy, should conduct these observations. It rests with us to make good our beliefs. I trust the time is not far distant when such observations shall be undertaken and shall lead to positive results.

Dr. Packard: You have certainly made a mistake in calling upon a poor obscure surgeon to discuss such a subject. What can I know about drug action? I deal with things more material. I want to say, however, that I would like to extend the right hand of fellowship to Dr. Shattuck. He has spoken words which have sunk very deep in my heart. I would like to move to make him an honorary member of this Society.

I am sure that many members of the Society would welcome most heartily the breaking down of the barrier that has so long existed, preventing affiliation with our colleagues of what is called the old school. We are all specialists; knowledge of our materia medica and the practice of homœopathy is a specialty. We also include within our ranks all the general specialists in medicine. I think I may safely say that all of our members who are specialists of the latter class would welcome the breaking down of the obnoxious barriers which have so long kept us apart.

Now a word about Dr. Shattuck's subject "drugs and their action." Of course, I cannot shut my eyes to the fact that sick people want to be treated. They do, and we must recognize that oftentimes the drug has

a potent influence psychologically upon the patient, irrespective of what it may do otherwise. Still, now and then impressive things occur. I suppose I do not meet them to any such extent as my colleagues in general practice, but they come to my attention now and then, tributary to my surgical work. I do not know how anyone can help marvelling at the influence of the sulphide of calcium upon suppuration. I think that it is a remedy which has been somewhat widely adopted by the old school. Another impressive thing is the stimulating effect of fluoric acid upon wounds which have become, as we say, inactive, that is, granulations do not readily and rapidly spring up to effect repair.

I might give you fifty illustrations of this kind as examples of what drugs homœopathically prescribed will do for various complications following surgical operations.

Dr. Moore: Dr. Shattuck has certainly presented this subject of "The Value of Drugs in Therapeutics" in a very refreshing manner, from the physiological standpoint, considering the wave of skepticism and even nihilism concerning the efficacy of drugs in the treatment of disease which has spread over the old school of medicine during the past few years.

It seems to me that between the positions taken on the one side by Dr. Shattuck and on the other side by Dr. Percy lies the line of demarcation or distinction as regards the value of drugs in disease, and differentiating the therapeutic practice characterizing the two schools of medicine.

On the one side, that presented by Dr. Shattuck, is the physiological action (used for the want of a better term) of the drug, constituting the more palliative action; and on the other side, presented by Dr. Percy, the specific or curative action of the drug prescribed in accordance with the homœopathic principle of therapeutics.

Those of us who consider homœopathy in the light of an addendum to general medicine, and not a subtraction, acknowledge the efficacy of drugs in producing their physiological results when prescribed for this purpose, and advocate this use of physiological therapeutics whenever it is indicated. In order that you may not accept this statement merely as a personal opinion let us note the opinion of this phase of the question on the other side of the water. To this end I will quote a few extracts from the presidential address of Dr. Peter Proctor, President of the Liverpool Branch of the British Homœopathic Society, entitled "The Province of Homœopathy in Medicine," and found in the January number of the *Journal of the British Homœopathic Society.*

Dr. Proctor says: "While homœopathy has its supreme place within its own province, it does not cover the whole domain of medicine, and outside its special province it must yield to other laws."

"We must frankly allow the law of contraries to exist and to be a true law, as is admitted by our late colleague, Dr. R. Hughes, and indeed, by all liberal-minded men on our side. . . . In short, in any severe organic failure, where relief must be immediate, there is no alternative to the giving of the special physiological stimulant. This rule applies often in cases of aged patients in whom the vital reaction is feeble, and can hardly at times be elicited at all. We have in such cases to fall back upon stimuli 'whose entire physiological action is not absorbed in their therapeutical,' but whose physiological action is very much wanted. The law of *similia similibus curentur* is perhaps the most comprehensive that was ever proposed in the whole history of medicine, and it is amazing to see the extent of its usefulness; but that it covers the whole ground is obviously not true. We have for a long period been testing its capacities in every direction, and rightly so, but now I venture to submit some attempt should be made to define its limits. In the second place, I would point out the obvious fact that the mere universality of any law, whether of physic or physics, affords no guarantee of its self-sufficiency. Gravitation is probably a universal property of matter, but it is not the only force in the universe.

So with homœopathy, true and universal as it may be, it yet has its range of action, and it is for us to determine its province in the domain of medicine."

When the older school of medicine will recognize and acknowledge the curative action of drugs prescribed in accordance with the homœopathic principle of therapeutics, to the same extent that we acknowledge the more palliative effect of drugs from the physiological therapeutics of the older school, there will be no line dividing us as a profession; and Dr. Shattuck's kindly expressed desire of the necessity, on this ground, of but one state medical society in Massachusetts may be realized.

I know our guest will not consider it discourteous to him if I express disagreement with him concerning a few points which he brought out in his address. Dr. Shattuck says there are very few specifics in medicine. This I grant to be the case in physiological therapeutics; but when we consider that homœopathic drug prescribing is the giving of a remedy which, by means of its selective or affinitive action which nature has given it, will select out and operate directly upon the same part as the disease and, in accordance with the homœopathic principle of therapeutics, will produce upon that part drug effects which enable and cause the part to throw off the disease, we can appreciate how this direct, specific or curative action of drugs characteristic of homœopathy, causes these curative remedies to become literal specifics for the various phases of disease against which they are prescribed. Another point, and as an outcome of this action of remedies, drugs have not lost their pre-eminence in homœopathic therapeutics; which Dr. Shattuck states is the case in the therapeutics of the older school.

I am sincerely glad the doctor has brought up the matter of suggestion; but am sorry that he attributes the success of homœopathic therapeutics to this factor, for such is not the case.

I am glad he brought it up because too much emphasis cannot be placed upon the fact that mental suggestion furnishes the explanation of results obtained by those methods of practice properly belonging to the sphere of psyco-therapy, of which mental healing and christian science are notable examples. But when Dr. Shattuck accounts for the curative action of homœopathic remedies through suggestion, he does not recognize the fact that homœopathic remedies act as markedly upon the animal as upon the human; as Dr. Neidhard so convincingly demonstrated by the clinical results obtained with these remedies in the so-called epizootic which prostrated so many of the horses in Philadelphia during the early sixties that the fire and other public service dependent upon them was seriously crippled; nor does he recognize the curative effect of homœopathic remedies upon infants and the younger children; nor upon adults when circumstances attending their sickness make suggestion impossible of operation; in neither of which cases could such favorable action be properly ascribed to suggestion. On the other hand, and proving the place suggestion occupies in the results obtained by christian science and all other psycopathic cults, their results are not forthcoming in any cases or under any circumstances where suggestion cannot operate.

I must again differ with Dr. Shattuck in his statement that homœopathy has outlived its usefulness. Those of us who, from our intimate connection with it, know that homœopathy furnishes the most successful therapeutic method of treating disease, and that too, with specific remedies acting strictly curatively, know also that such a method will continue to live its life of usefulness; and further, we believe it will ultimately be acknowledged by the entire profession to consist essentially of a therapeutic specialty in medicine. As such, there is no more reason why homœopathy or its practitioners should be discriminated against by the American Medical Association, or its allied state and county societies, than electro-therapeutics or any other specialty now recognized by this national association of the older school.

In closing I desire to express my personal appreciation to Dr. Shattuck for addressing us this evening, and for extending to us the olive branch. We accept it in the spirit that it is the forerunner of that true affiliation between our two so-called schools of medicine, which can readily be brought about when full fellowship is extended to us, by the older school, which carries with it a recognition of us as physicians who have added to our knowledge and practice of medicine a special knowledge and practice of homœopathic therapeutics.

When Dr. Shattuck closes this discussion will he kindly tell us whether or no he believes it possible for drugs to cure disease in accordance with the homœopathic principle of drug action; and if so, to what extent does he believe this to be possible?

Dr. Rice: I want to first express my personal thanks to Dr. Shattuck for coming here to-night. I wish also to call to the minds of some of you that twenty years ago, at a meeting, I think, of this Society, Dr. H. C. Bowditch appeared and gave a talk on drug therapeutics. He was answered by Dr. Conrad Wesselhoeft. I remember Dr. Bowditch said a great deal about drug compounds, about the increased efficacy of drugs when combined, and he mentioned a good many compounds consisting of three, four, five, and six different drugs.

I notice to-night that Dr. Shattuck has said little about the drug compounds, but has expressed his belief in the administration of the single remedy when possible. This, I presume, is an evidence of progress. We think so. I believe that the time is fast approaching when we shall be together, when our friends on the other side will believe there is much in the efficacy of drugs given according to the law of similars, and when we shall more universally believe there is a great deal in serum therapy and in the other remedies which Dr. Shattuck has mentioned here to-night. When this bond of union has been firmly established we can easily put aside the minor considerations and form one vast organization for the support of all that is true and enduring.

Dr. Spalding: I am very sorry that I did not arrive in season to hear all of Dr. Shattuck's address. What I did hear I enjoyed very much. The papers took a little different trend from what I expected.

There is no question but at the present day there is great skepticism as to the real value of drugs in the treatment of disease. That, no doubt, has come about very largely from the fact that surgery has made such grand advances. Surgery is looked upon as an exact science, the administration of drugs as experimental. Yet as one who sees and does some surgery and who uses remedies more as a general practitioner, I am ready to take issue with the surgeons as to whether that is really a fact, as to whether we do not get as good and positive results from our drugs as they do from surgery. To be sure, to the woman who has had her ovaries removed it is an exact science in that she has lost her ovaries, but not that she is relieved from suffering. Those of us who undertake the post operative care of patients of that kind often find that after all the drugs have got to do the work of giving relief.

This doubting the use of drugs reminds me of a little incident in my practice a few years ago. I was called in counsel to see a child suffering from post-scarletinal nephritis. The action of the kidneys had been practically suspended for two days, very little urine had been voided. The child was in a semi-conscious condition, with twitching of the muscles and occasionally a general convulsion. I examined the case and prescribed apis mellifica. Two days afterward the question came up, in the presence of a young man who had just graduated in medicine, and was sure that outside of quinine for malaria, mercury for syphilis, and narcotics for the relief of pain, there was little or no value in drugs, as to how the boy was getting along? I said he was perfectly rational. Within the next

twelve hours after administering the medicine the convulsions had ceased, and the kidneys were resuming their normal functions. The young doctor said, "What did you give him?" "Apis mellifica." "What is that?" "Why, the sting of the honey bee." "Do you believe that had anything to do with the case?" "Certainly." "I do not believe it. You cannot demonstrate it. I do not believe in anything that cannot be demonstrated." My answer was that the curative action was demonstrated to the parents by having their child's life saved, and as a physician I could not imagine a more perfect demonstration since there had been no change in the treatment of the case except giving the remedy.

Now there are a great many who still persist in saying that there is nothing in drugs. If, however, you have a case of an enlarged, hardened mammary gland, come to you with a history that one of the best surgeons in the state had said two months before that must be removed, which the patient absolutely refused to have done, and you yourself urged a surgical operation; but finally consented to give medicine a trial, and prescribed the indicated remedy, sepia, and the abnormal condition promptly disappears under the influence of that drug and nothing else, one cannot, in reason, help thinking that the medicine has brought about the result.

Again a patient comes with exophthalmic goitre, with all the attendant symptoms. Physicians skilled and of good repute in the "old school" had said that surgery was out of the question, and that medicine could do nothing but slightly palliate until the end came, which could not be many months away; when you prescribe calcarea iodide, 2x, one-tenth grain every two hours, and in a short time see improvement, which in a few weeks is very marked, the swelling greatly lessened, the eyes returning to their normal appearance, and the heart doing its work more steadily, and in four months the woman is ready to take up her position in the affairs of life comparatively well, is this not proof that the remedy has accomplished visible results? Surgery was powerless to help in this case. Medicine did.

If time permitted, or the occasion demanded it, I might enumerate many other cases like these, illustrating the curative action of drugs properly administered, in organic diseases. Instead of growing skeptical the older I grow the more I see of the action of drugs in disease, the stronger grows my faith in their curative action.

Dr. Richard Cabot: I am delighted to add a word to this discussion. I have certainly been very much instructed. I wish a larger number of our school could have been present to see, in the first place, the admirable spirit in which you have received Dr. Shattuck, and to hear what we have heard from Dr. Wesselhoeft, Dr. Moore, and the others. We need to know more about each other. We need to know more about you; you need to know more about us. I do not believe we differ anywhere nearly as much as we have supposed. I feel sure that when we come together it cannot be by wholly giving up the spirit of either movement. No process of agreement can ever come about in that way. There always has to be maintained something of the spirit of that which was before.

The thing that surprises all of us, I think, who come in contact with homœopathic practitioners, is how little we differ. In the old days I have been told it was a rule that practitioners of our school were not supposed to consult with members of the other school. Following the practice of the illustrious professor of medicine from whom you have heard, I have taken every opportunity of consulting with members of your school. I have never been able to discover the difference between your practice and ours. I recently saw a patient in consultation with Dr. Rockwell of Cambridge, a member of your school. We agreed entirely as to the diagnosis and treatment, and as a result of that treatment I hear lately that the patient is much improved.

I certainly have very little confidence in most of the electro-therapy of which Dr. Moore has spoken. If the American Medical Association can

take in the electro-therapists I cannot imagine why it cannot take in the homœopathists, especially if homœopathy is to be an addition to and not a subtraction from medicine.

We want the truth; you want the truth; none of us wants anything else. On that basis what can longer keep us from unity? I was delighted to hear what Dr. Wesselhoeft said as to the prospect of tests in this matter. That is what we want; tests by representatives of your association and ours, by men of the highest standing, public tests; then we shall be getting evidence appealing to us all, commanding adherence from us all. I hope before many months are past such tests will be under way, and I am sure if anyone on our side can help in these tests it will be with the greatest pleasure that we shall do it.

Dr. Shattuck (in closing): Dr. Moore asked me a question. In that question he used a word which we of the old school do not often use, namely "cure." We very seldom cure our patients. Our patients get well—or they don't. The cases in which we can say that we cure are very small in number. Booerhave's words are true to-day: "I cared for him. God cured him."

Some years ago in Lyons I was making a visit with a physician, and in his delightful French he said, "The physician rarely cures; he often ameliorates, he always consoles."

As far as remedies go I have had the pleasure of seeing several cases with Dr. Moore, and he was giving the patients just about what I should have given them and in just about as big doses. He has not called me in in the cases in which a specific is needed.

Several of you have been good enough to speak of my kindness in coming here to-night. I do not look at it in that way. When your President invited me to come I accepted his invitation with alacrity. I thank you for the privilege.

Dr. H. R. Chislet recently presented to the Chicago Homœopathic Clinical Society an unique case recently operated on by him. It is the only operation recorded in medical literature where complete hysterectomy was performed and a normal uterus left behind. The patient was found to have two separate uteri, each supplied with one fallopian tube and one ovary. The diseased uterus was removed, leaving its fellow intact.

Correct diagnosis of the existing pathologic conditions is very desirable but what the patient wants above all is relief from troublesome symptoms. Those therapeutic aids which give relief, even if temporary, should be thoroughly understood by the prescriber and varied according to his experience and judgment.

The homœopathic school has understood that human nature as well as the scientific aspect of disease, must be considered, and while it often uses harmless triturates and dilutions which in many cases may act merely by autosuggestion, it has, for cases of necessity, most potent remedies of aiding human nature.—*International Therapeutics,* December, 1905.

Clinical Experiences with Radium.—After repeated tests of the pure radium in tubes and of the Liebet radium coatings, the later are given the preference. These coatings, when applied, often relieve the pain and may temporarily arrest the malignant growth. A series of inoperable cases were cited, where the tumor was apparently somewhat retarded, but never cured. He states: "I do not feel justified in using it on cases that I could treat with good prospects of success according to other established methods."—*Stevens, N. A. J. of H.*

RECENT PROGRESS IN PROSTATIC SURGERY.—THE NEW PROSTATECTOMY.*

BY HORACE PACKARD, M.D., PROFESSOR OF SURGERY, BOSTON UNIVERSITY.

Introduction. No malady to which the human frame is subject has appealed more strongly to the medical profession for relief than prostatic obstruction. Every mature physician can recall many cases in his practice where the advanced years of manhood have been totally wrecked by the insidious approach of what seemed at first but slight impediment in voiding the urine, but which finally culminated in total loss of voluntary urination, the compulsory adoption of the catheter habit, with all its annoying and debilitating sequelæ of cystitis, pain, confirmed invalidism, stone in the bladder, and, may be, finally total inability to pass the catheter, then operation as a last resort when the vital forces are spent, and scarcely more than temporary alleviation can be expected. A further sad sequel of prostatic enlargement is the occasional development of carcinoma. This complication has come forcibly to the writer's attention within a few days. A man, sixty-six years of age had suffered from bladder symptoms for ten years. The initial symptoms were retention and the use of the catheter for about two months. After that he regained voluntary urination and had never resorted to the catheter since, but with the lapse of time the calls to empty the bladder had gradually become more frequent until within recent times he must arise four or five times in the night, and during the day the calls reached eight or ten in number. In the last three months he had emaciated, had been obliged to give up work, and in the last month the right leg had become œdematous from the thigh down to the toes. Examination showed an enormous prostatic tumor filling the pelvis, nodular in outline, and enlarged lymphatics in both groins. A diagnosis of carcinoma of the prostate was rendered, and a hopeless prognosis. It is interesting to ponder upon the possibilities of such a case as this was, in the intervening years between the initial attack and the final hopeless complication of carcinoma. In the light of our present knowledge and attainments in prostatic surgery, there can be little doubt that for a long period the prostatic enlargement in this case was benign in character, and that an operation for its total enucleation would have freed him for the rest of his life from the annoyance of urinary obstruction and the danger of cancer from that source.

The removal of the prostate gland, conducted according to the most recent methods, and at a time when the patient is still within the period of healthy bodily activity, is a perfectly safe operation,

* Written especially for the New England Medical Gazette.

and is as certain of affording cure as any of the commonly practiced operations of modern surgery.

The Dangers of Prostatism. The term prostatism has come into use to designate collectively the symptoms and conditions accompanying and resulting from prostatic obstruction. The location of the prostate gland at the neck of the bladder, surrounding the beginning of the urethra, determines the character of the disturbance following its enlargement. Prostatic hypertrophy in the abstract is of no more menace to the individual than enlargement of the testicle, or of the mammary gland. Both may be an annoyance from increased size and weight, but do not interfere with or abrogate any vital function. The prostate gland, on the contrary, is closely related to a function so vital that suppression of it for but a few hours means death. Furthermore, any prolonged or material obstruction imposed to full and free periodical evacuation of the bladder brings about insidious changes in the bladder wall, at first scarcely noticed, but later resulting in great diminution in the capacity of the bladder and increased frequency of urination. Coincident with this change there is residual urine at all times remaining in the bladder and frequently a precipitation of urinary salts therefrom, resulting in the building up of a calculus. Thus the victim of prostatic obstruction is frequently a sufferer also from stone in the bladder. A case of more than passing interest illustrating this complication came to the writer's notice several years ago. Mr. S., a retired merchant, aged seventy-two, had been annoyed for two or three years with difficult and frequent urination. Prostatic hypertrophy had been diagnosed and electrical treatment had been administered, but all to no purpose. His suffering at last became so great from pain in the region of the bladder and perineum that he sought the advice of a surgeon. At once, on introduction of a searcher, stone was diagnosed. Supra pubic cystotomy was made and three large stones removed, weighing in the aggregate three ounces and six drachms.

This was before the days of prostatectomy, and while removal of the stones relieved him from his acute sufferings, the remaining years of his life were robbed of the contentment and happiness which should by right have been his, by the necessity of daily use of the catheter, and all its attendant evils.

This suggests another picture of prostatism, *viz.*, the so-called "catheter life," which almost every prostate case of necessity adopts sooner or later. This really constitutes the turning-point in the career of these cases. The periodical introduction of the catheter to the bladder is quickly followed by new trouble in the shape of cystitis. The urine becomes loaded with mucus and pus, the irritability of the bladder increases, and augmented frequency of calls to empty the bladder follow,

until in some lamentably severe cases the patient must use the catheter every two or three hours. There is no peace day or night. The vital forces are rapidly sapped through the septic condition in the bladder, loss of sleep, and pain. I have seen some prostate cases far advanced in the development of the disease, already bedridden, wearing a catheter all the time, this expedient being adopted as a last act in the tragedy, when the calls to empty the bladder had become so frequent that not an hour in the day or night was exempt.

This, then, is a picture of prostatism. The discomforts, annoyance, and unrest of body and mind incident thereto exceed those of any other disease. The dangers are, irreparable damage to the bladder walls, residual urine, stone, cystitis, ascending pyelitis, exhaustion and death. Cancerous degeneration of the prostate is also an occasional occurrence and as a possible complication cannot be ignored.

The Dangers of Prostatectomy. The danger attending any operation is a relative one. Of one hundred operations for the removal of the prostate gland from patients already grievously ill and debilitated from long existent cystitis, catheter habit, stone in bladder and insomnia, there must of necessity be a mortality, although by the latest methods it has become astonishingly low. Of one hundred operations for removal of the prostate from patients still physically well, *i.e.*, when the disease is still in its early stage, there should be no mortality. It is the belief of the writer that we may look for one hundred per cent of recoveries in cases where the catheter habit has not yet been established, where the bladder walls have not yet undergone material change, and when cystitis has not yet poisoned the patient's system. Even under adverse conditions the latest statistics as developed from the most approved methods of operating show that we may look for recovery of nineteen out of twenty. Recovery is, however, as applied to these advanced cases, a relative term. Is the prostate case, which already has greatly thickened bladder walls with diminished capacity, and chronic cystitis, really cured by prostatectomy? He will be cured in the sense that he will have voluntary power of emptying the bladder fully and permanently restored, *i.e.*, he will be free the rest of his life from further necessity of use of the catheter. If, however, the bladder capacity has become so diminished by the long continuance of the disease that it can hold but one-half, one-quarter, or one-eighth the normal amount of urine, then the calls to urinate, even after a successful prostatectomy will be twice, or four times, or eight times as often as normal. Just how much change for the better may finally come about in this respect, with lapse of time, we do not yet know.

With reference to cystitis, experience shows that it promptly

ceases when the cause is removed. The use of the catheter is the cause of cystitis in prostate cases. With the resumption of voluntary urination and relinquishment of the catheter, the source of infection of the bladder is removed. Each evacuation of the bladder is complete, *i.e.*, no residual urine remains either to undergo putrefactive decomposition or to precipitate a stone. Under these favorable post-operative conditions it becomes a simple matter to cure any ordinary degree of cystitis which remains. *Prostatectomy, as an operation in itself, is without danger to the patient's life. Such danger as may menace any given case is a direct result of insidious changes which have come about from long continuance of the disease. There is a time in every case of prostatic obstruction when prostatectomy can be performed quickly, safely, and with certainty of perfect and permanent cure.*

The Surgical Anatomy of the Prostate Gland.

The Prostatic Urethra. Until recently exceedingly erroneous ideas regarding the anatomical relations of the prostate have prevailed, especially those which relate to surgical operations upon it. The fact that it surrounds and is closely adherent to the first portion of the urethra has led all surgeons to assume that the total removal of the prostate by enucleation, and of necessity the prostatic urethra with it, meant mutilation of the neck of the bladder and the water passage to an irreparable degree, and entailed real danger of subsequent incontinence. The real facts as now amply demonstrated, are that the prostatic urethra, as far as it relates to prostatectomy, is anatomically of no consequence whatever. Labor and time in trying to save it, in making a prostatectomy, are uselessly expended. No impairment of the urinary function follows its complete removal. It is worthy of observation that in greatly enlarged prostates much of the urethral passage through them consists of new tissue which has developed coincident with, and as a consequence of, the prostatic hypertrophy. For example, the normal length of the urethra is about $1\frac{1}{4}$ inches. That of one of the prostates illustrated on a succeeding page is 3 inches. Manifestly $1\frac{3}{4}$ inches of it does not, according to normal condition, belong there at all. Experience shows that with the prostate gone, the part of the urethra normally belonging there is not needed, therefore it is good surgery to remove it all when enucleation of a prostate is made. Thus practice refutes theory and in this instance makes the operation of prostatic enucleation a simpler one than has heretofore been thought possible.

The Prostate Gland Itself. Prostatic enucleation within the capsule is an expression which has been in common use in the past. Anatomically this is an impossibility. The true capsule of the prostate gland is a thin envelope of connective tissues,

sending prolongations into the gland tissues and so closely adherent that it can be removed only by dissection. Total removal of the prostate means that its capsule also is removed. "Enucleation within the capsule" means that portions only of the gland are removed, for if the capsule remains behind, portions of the gland tissue also remain with it. This distinction marks the dividing line between the old suprapubic prostatectomy and its accompaniment of appalling hemorrhage and large mortality; and the modern operation without hemorrhage and without mortality. The reasons for this gratifying change will be observed further on under technic.

We speak of the lateral lobes of the prostate, and a middle lobe. It is true that in early life before puberty, the gland is distinctively divided into two lateral lobes, but coincident with sexual evolution, these lobes join anteriorly and posteriorly, forming a thick ring of gland, muscle, and connective tissue surrounding the beginning of the urethra, thin in front, thick behind, and thicker on each side. This amalgamation of the original two lateral lobes is so complete that from the view-point of surgical anatomy the adult prostate is a simple solid body perforated near the anterior segment of its circumference by the urethra.

In the normal anatomy of the prostate there is no middle lobe. Pathologically there occurs frequently, coincident with increase in volume of the gland structure, a pushing out into the bladder of circumscribed portions of adenoid tissue or fibroid tumors. If one of these happens to emerge directly behind the vesical urethral opening it presents the appearance of a "middle lobe." Similar intravesical projections are also frequently thrown out from the lateral portions of the prostate. In the consideration, therefore, of the surgical anatomy of the prostate, the middle lobe has real significance, but does not materially change the technic of operation performed for a prostate which has no "middle lobe." These outgrowths are still a part of the hypertrophic gland, and enucleation of its mass brings away with it all these accessory projections.

The Seminal Ducts. These traverse the posterior portion of the prostate and emerge upon the floor of the prostatic urethra each side of the sinus pocularis. Their anatomical relation with the prostate presents no obstacle to the surgical technic to be hereafter described. They are torn off at their points of entrance to the prostatic tissue, but functionally are not interfered with, for if the patient be still in the period of sexual activity, seminal fluid is ejected after recovery in approximately a normal manner. The seminal vesicles are never interfered with, their location being above and out of the path of enucleation.

The Sheath of the Prostate. This structure holds an important

place in the surgical anatomy of the prostate. It is derived from the recto-vesical fascia, and constitutes a covering or envelope, outside the prostatic capsule proper, but in close contact with it and lightly bound to it by connecting bands of fibrous tissue. The sheath is composed of dense tough connective tissue which holds the prostate in place and prevents, by its resistance, any marked extension of the prostate posteriorly or laterally. It thins very materially toward the superior portion of the gland, and it is here, at the floor of the bladder, that in cases of considerable enlargement, the gland tissue pushes through and protruding masses impinge upon the bladder cavity, covered only with mucous membrane and capsule, and constitutes the projecting lateral and middle lobes as above referred to. As the result of the pressure of an enlarging prostate, the edges of this opening in the sheath become sharply defined and crescentic, and a prostate may show, after removal, where this collar of unyielding fascia has constricted it. (See Plate IV.) There is a distinct line of cleavage between the capsule and sheath so that usually without expenditure of very much force the whole gland with its capsule intact can be shelled out of the sheath. The sheath rather sharply limits the extension of an enlarging prostate towards the rectum. The exception to this is in occasional cases of carcinoma of the prostate. In this the cancerous elements penetrate the sheath and may then encroach upon the rectum so much as to cause obstruction to the passage of feces. This never occurs in benign prostatic hypertrophy. The increasing volume of tissue pushes upward into the bladder and piles up about the urethral orifice, as above described, in the shape of single or multiple lobes composed of fibroid or adnomatous masses.

The sheath plays an important role during convalescence following enucleation of the prostate. The ideal operation consists in total removal of the prostate, including its capsule, leaving the sheath undisturbed. This dense fibrous wall of the cavity from which the gland is removed furnishes a barrier against possible burrowing of pus among other pelvic structures.

The writer begs special attention to the distinction above drawn between the capsule and sheath. Much of the confusion in appreciating the surgical anatomy of the prostate has been because of the obscure and ambiguous way the matter is treated in the various works on anatomy. For example, Morris (p. 1077) says "the recto-vesical fascia forms the capsule of the prostate." Again on page 1037 he says: "The prostate is invested by a fibrous capsule derived from the recto-vesical segment of the pelvic fascia." Dever's Surgical Anatomy says (p. 351, Vol. III) "The prostate is enclosed in a dense fibrous capsule formed by the recto-vesical fascia." McClel-

land's Regional Anatomy says (p. 134, Vol. II) "The prostate is enclosed by an expansion of the recto-vesical fascia . . . In case of hypertrophy of the glandular mass this capsule becomes thickened . . . The unyielding nature of the capsule serves to explain the severe pain in abscess of the prostate." It will be observed that all the authors above quoted fail to make any distinction between sheath and capsule. Their teachings are that sheath and capsule are all one and the same structure.

Gray, on the contrary, furnishes a correct description of the coverings of the prostate. He says, p. 1033: "The prostate is enclosed in a thin but firm fibrous capsule, *distinct from that derived from the posterior layer of the deep perineal fascia and separated from it by a plexus of veins.*" Again (p. 1092), he speaks of the recto-vesical fascia as "inclosing the gland," although he does not call it a "sheath."

The failure of all surgeons to appreciate the separate existence of capsule and sheath, accounts for the unsurgical work which has been done upon the prostate. Fuller in his "Diseases of the Genito-urinary System" published in 1900, fails to draw distinction between sheath and capsule. He says, (p. 348) "The prostate itself is enveloped in a firm sheath of fibrous tissue which in front is blended with the true pelvic fascia . . . Between the prostatic sheath or fibrous capsule and the rectal wall, there is a lymphatic space," etc.

Carleton in his book "Urological and Venereal Diseases" (1905) says of the prostate: "It is surrounded by a firm, fibrous coat continuous in front with the true pelvic fascia." No mention is made of capsule or sheath or distinction between them.

To Freyer of London belongs the credit of first calling the attention of surgeons in a way to impress them with its importance, of the distinction between the prostatic capsule and the sheath, and the value of knowledge of this important item of surgical anatomy in the operation of prostatectomy.

The conclusion from all this is then, that the prostate has two coverings, a sheath and a capsule. There is a distinct line of cleavage between them so that in practically every case of benign prostatic hypertrophy the whole gland with its capsule can, by finger dissection, be enucleated without penetration of the capsule and without mutilation of the sheath.

The New Prostatectomy. Based on a clear comprehension of the surgical anatomy of the prostate as above set forth, a new technic for removal of the gland is now before the medical profession, which promises to set at rest for all future time the question of the how, the when, and the outcome of prostatectomy.

How? By the suprapubic route.

When? At the earliest time a diagnosis of obstruction from prostatic hypertrophy can be made.

The outcome? Perfect and permanent cure in every case where irreparable damage has not occurred from procrastination. Great improvement and relief even in cases which have been delayed beyond the time of election.

The credit of this great advance belongs to both America and Europe.

Fuller of New York made suprapubic enucleation of the prostate as early as 1894, and reported the same in 1895. It appears from his writings that enucleation was made extra capsular, although there is nothing in his text to indicate that he was aware of the fact, or that he had made a discovery of much importance. At any rate it made little or no impression upon the medical profession at large. In 1900 Freyer of London made total suprapubic enucleation of the prostate, claiming the operation as original. He has continued to do it by the same technic up to the present time, and has amassed a series of cases unequalled by any other operator or by any other method. It may be said that he has consistently followed undeviatingly the same details of complete enucleation by the finger alone, unaided by any instrument; has laid bare and indelibly impressed upon the medical profession the surgical anatomy which makes complete enucleation possible; has shown that the operation can be performed in an incredibly short space of time, and that it is safe and followed by better results than any other method which has heretofore been used.

Technic of the New Prostatectomy. Make the external genitals and the suprapubic region clean by the usual scrubbing and disinfection.

Introduce a soft catheter and irrigate the bladder with sterile water and lastly boracic acid solution. Leave the bladder full and the catheter in.

Make a two-inch longitudinal incision over the pubis, separate the recti muscles down to the bladder wall. If the dissection is kept close to the pubic bone, the vesico-ventral duplicature of the peritoneum will not be interfered with. The distended bladder will be easily felt, and a cut through it with the knife is made, an inch and a half long.

Pass the forefinger down into the bladder and feel for the urethral opening which can be immediately determined by the presence of the catheter. Feel in the cul de sac back of the prostate for possible stone and remove it with suitable forceps if present.

Lubricate the forefinger of the other hand and pass into the rectum, feel for the prostate and press it forward within reach of the finger in the bladder. With a reciprocating side-wise motion of the finger-tip in the bladder, penetrate the bladder

mucous membrane covering the most prominent part of the prostate. Through the opening the finger slips down beside the gland, sweeps around it, back of it, and presently it is found loose in the bladder. Introduce a pair of grasping forceps through the suprapubic wound and deliver it. All this should not have occupied more than from four to five minutes from the time of the suprapubic incision.

Irrigate through the catheter, which still remains in the urethra, freely for a few moments to wash all blood clots out which may have formed. Excess of bleeding ceases almost at once. Pass a large rubber drainage tube into the wound far enough to reach the cavity of the bladder. Fasten in place with a silk worm gut. Close the angles of the wound. The operation is now complete, and altogether should not have occupied more than ten minutes. Apply an abundant packing of gauze over the wound and change every four hours.

After Treatment. In cases which have cystitis at the time of operation irrigate three or four times daily by passing a soft catheter attached to a fountain syringe down through the drainage tube as far as it will go without undue pressure. Any mild antiseptic fluid may be used for irrigating, like boracic acid solution, one drachm to the pint, or saline to which is added one-quarter volume peroxide of hydrogen. At the end of the fourth day take out the drainage tube. If there is still much pus in the urine, and it is of strong alkaline reaction, introduce a soft catheter through the urethra just far enough to serve as a drainage for the bladder, and fastening it in place couple onto it a rubber tube long enough to lead to a bottle on the floor beside the bed. This will serve as complete drainage and prevent further flow through the abdominal wound. From this time on irrigate four to six times daily through the catheter, letting the return flow come out through the abdominal wound. Have the patient begin to sit up in bed at the end of the first week, or before, if he is feeble and shows signs of pulmonary hypostasis. Remove the catheter at the end of the second week and let the patient go a day or two without it. If the abdominal wound is still open reintroduce the catheter and let it stay three days more.

The following are cases which I have operated upon up to the present time by the method above described. These cases are reported in the order in which they have presented themselves. Some of them have undergone preliminary bladder irrigation for a week or so prior to operation. Some of them have presented complications very difficult to meet in the way of large sized prostate gland, thick abdominal wall, and resistant recti-muscles. As a rule, however, the prostate has been enucleated very rapidly with expenditure of but a few moments of time.

Case 1. Retired business man, aged seventy-seven. He had suffered difficulty referable to the bladder function for three years. There had been slowly increasing obstruction to free passage of urine. He had used catheter for two years and had got along fairly well until of late. He is in the habit of going to Poland Springs for the summer months, and during the past summer has been in a fairly good physical condition and able to play golf daily. On his return to his home from his usual summer holiday in the autumn of 1905 he had a severe attack of cystitis from which he partially recovered under irrigating treatments administered by his family physician. Two weeks ago the pain and discomfort in the bladder recurred, accompanied with much discharge of pus. At the present time the catheter must be used every four hours to keep him comfortable. The urine is thick and offensive.

Suprapubic prostatectomy was made Nov. 1 under ether anesthesia. The total time consumed in the operative part was seven minutes. The gland weighed eight drachms. The enlargement, therefore, was not very marked, but the obstruction was a valvelike growth at the vesicle orifice shown in Plate 1.

Case 2 was a bookkeeper, aged sixty-three, of spare habit. For two years or more he had been obliged to use the catheter eight or ten times in the twenty-four hours. He had three or four attacks of cystitis from which he had improved, following bladder irrigation. Two of these attacks had been so severe that he had been in a hospital for treatment. The tax on his system from septic cystitis and frequent interruptions from sleep had begun to tell markedly on his health.

Suprapubic prostatectomy was performed Nov. 9 under gas anesthesia without incident. The operative part, that is from the first incision to the delivery of the prostate was three and three-quarter minutes. Total time under anesthesia was nine and three-quarter minutes.

Case 3. Mechanic, aged seventy-three years. This patient, although for three years had experienced increasing difficulty in emptying the bladder, had not been obliged to appeal to the catheter until three or four days before my relations with his case. He had rather suddenly found himself unable to urinate. His family physician was unable to pass any kind of a catheter, but a specialist in genito-urinary diseases succeeded in introducing a metal catheter, but only after much difficulty and delay. The difficulty of introducing it was so great that he dared not take it and so fastened it in place and left it in for continuous drainage. This proved a very painful and disquieting arrangement, and on Nov. 14, 1905, he was hurried to the hospital as an emergency case, and I made suprapubic prostatectomy without delay. Immediately on opening the bladder through a suprapubic opening a considerable mass of

partially decomposed blood clots was evacuated. The prostate was enucleated under gas anesthesia in five and one-quarter minutes. Its weight was two ounces, three drachms.

Case 4. Retired manufacturer, aged sixty-five years. For eighteen months or more he had realized unusual obstruction to the flow of urine. While on a voyage across the Atlantic in February, 1905, he found himself totally unable to empty the bladder. A catheter was used three times daily by the ship surgeon. After getting on shore he consulted a physician who informed him that he had prostatic hypertrophy and should have operation at an early date. He gradually resumed voluntary urination, and for three or four months was able to evacuate the bladder sufficiently to keep fairly comfortable, but he appreciated all the time that there was an obstruction and delay in the act. General health good.

Suprapubic enucleation was performed Nov. 15, 1905. The time consumed in the operation from the first incision to the delivery of the gland was nine minutes. The prostate weighed two and three-sixteenths ounces.

Case 5. Aged eighty. Has always been well, strong, and enduring. In the last three years has had difficulty in voiding the urine with burning in the urethra and frequency of urination. Has to empty the bladder eight or ten times in the twenty four hours. General health good.

Suprapubic enucleation was performed Dec. 2, 1905. The time consumed in the operation was six minutes. The weight of the gland was twenty-seven drachms.

Case 6. Farmer, aged sixty-seven. Has suffered urinary obstruction for five or six years, which has not become serious until the last three years. Has used the catheter more or less for three years; at first, once a day, then twice a day, then three or four times, and now many times in the twenty-four hours. Of late has begun to have great difficulty in passing the catheter at all, and at times has worked three hours trying to introduce it. Has not much pain except when the bladder is full. General health has kept up fairly well, has been out and about, and has worked some.

Suprapubic enucleation made Dec. 4, 1905, removing an enormous prostate weighing six ounces. It was enucleated without difficulty, but removal through the abdominal wound was not easy because of its size. It is represented in Plate IV. This case was complicated by stone in the bladder about as large as a prune. It was removed before the gland was enucleated. The total time consumed in the operation was eleven minutes.

Case 7. Mechanic, aged seventy-four years. Difficulty from prostatic obstruction began fourteen or fifteen years ago. At that time was obliged to have a catheter used more or less.

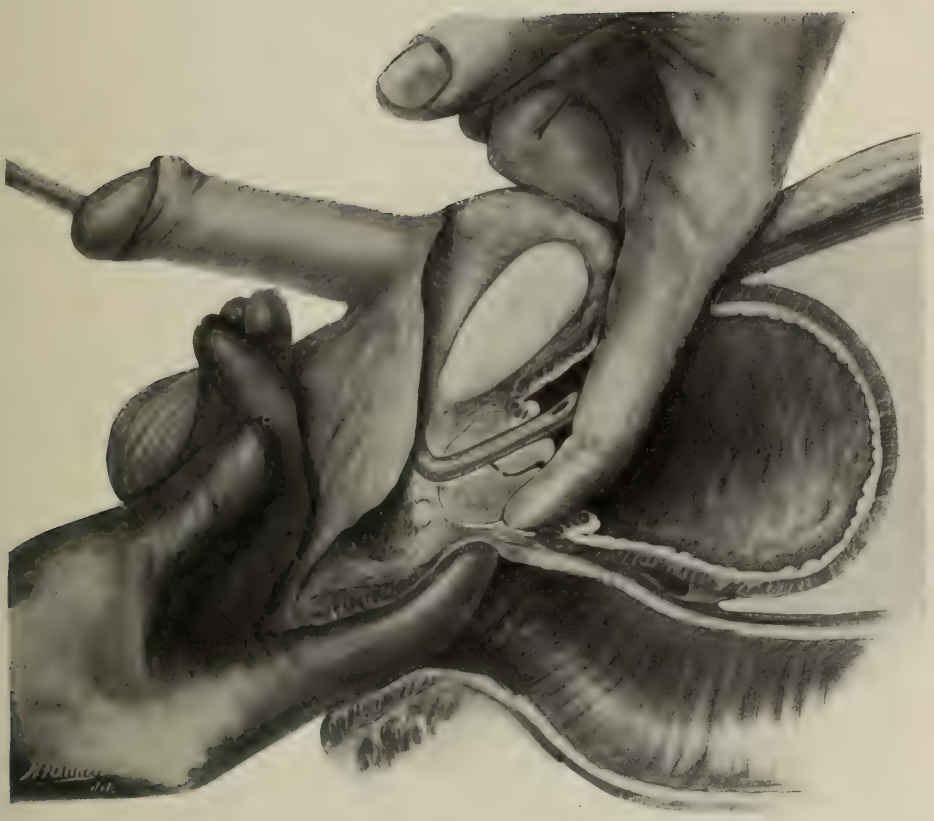

Plate 1.

Enucleation of Prostate through suprapubic opening. One forefinger in the rectum presses the prostate upward, while the other follows the line of cleavage between the prostatic capsule and sheath.

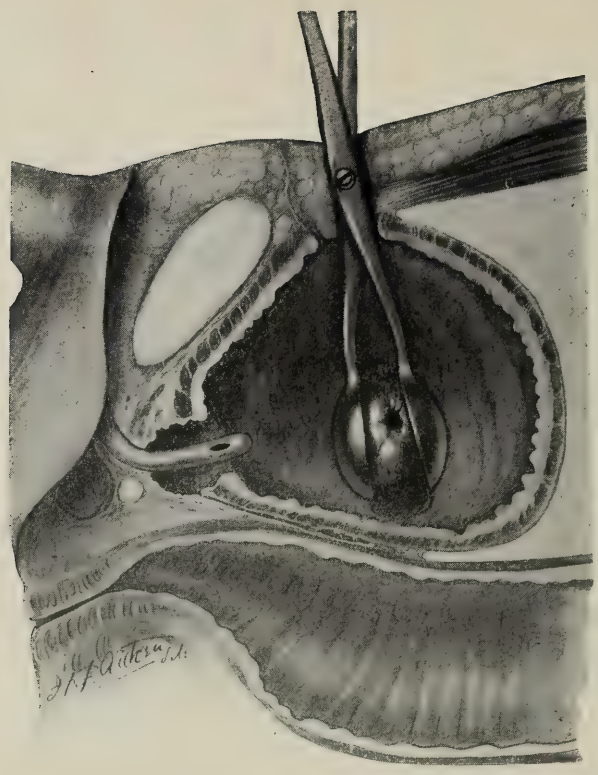

Plate 2.

The prostate completely enucleated and grasped by extraction forceps for removal through suprapubic opening. The cavity from which the gland has been enucleated is represented with a catheter passing through it.

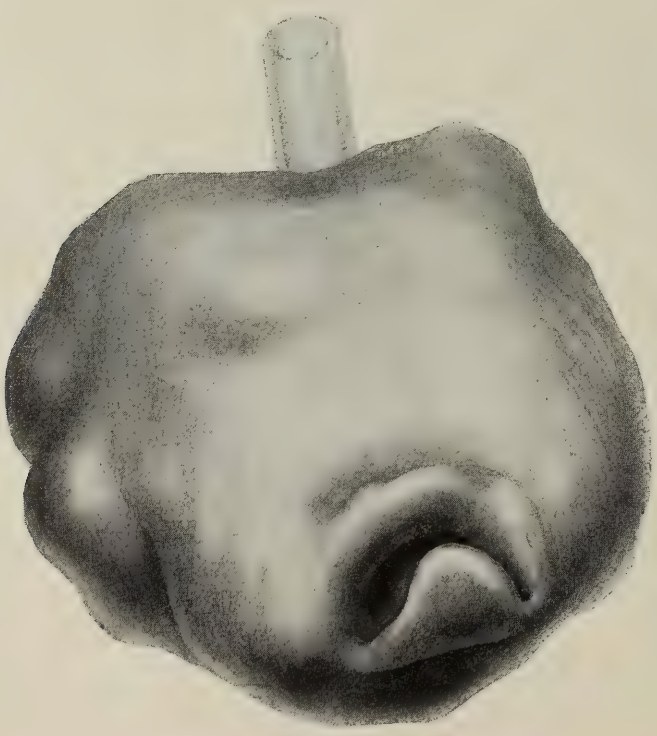

Plate 3.

Prostate. Enlarged 1 diameter. Shows valve-like growth at the vesical orifice of the urethra.

Plate 4.

Prostate, actual size, weighing 90 gms. Shows distinct line of constriction by border of sheath.

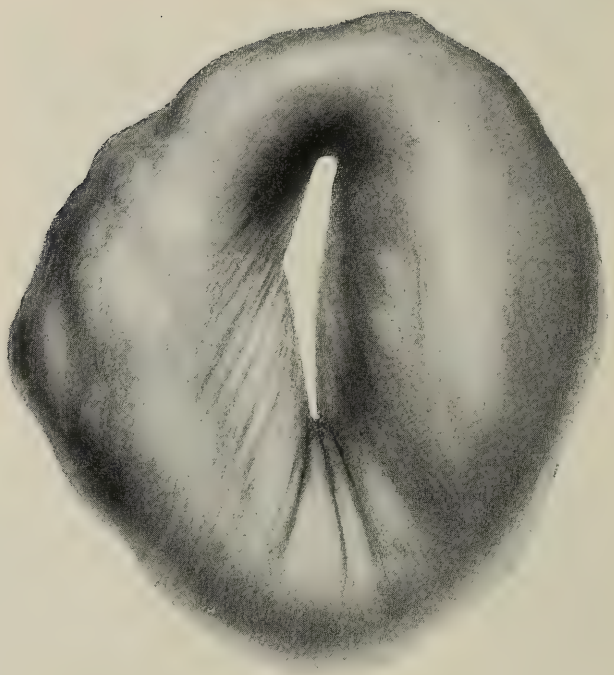

Plate 5.
Prostate, actual size, weight 51 gms. From a patient 81 years old.

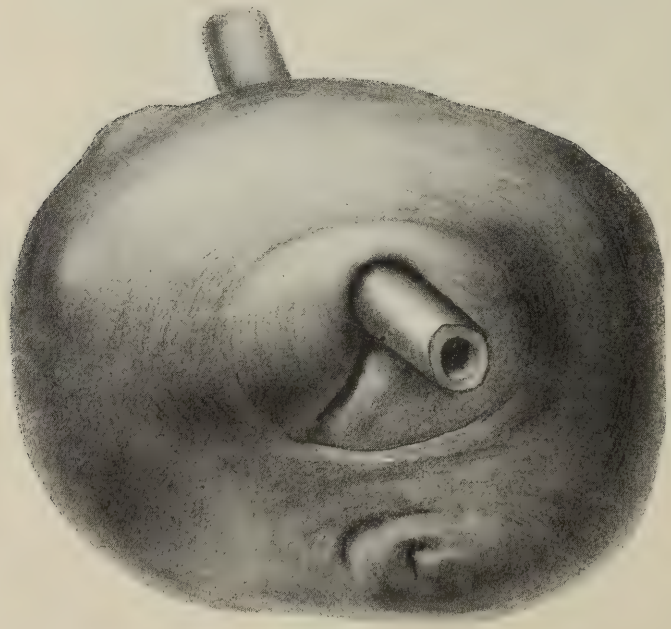

Plate 6.
Prostate, actual size. Weight 37½ gms

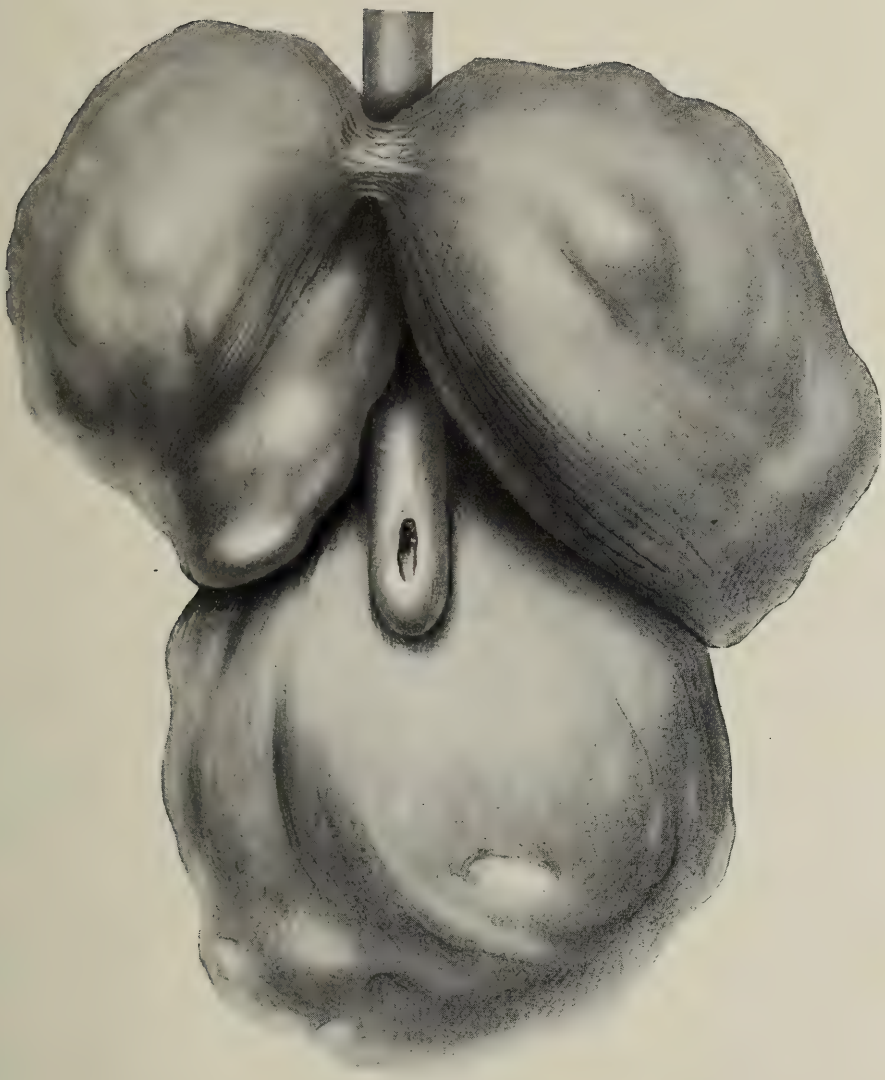

Plate 7.

Prostate. Actual size. Weight 270 gms. An exceptionally large middle lobe. Patient had voided no urine voluntarily for ten years.

He improved after that and has since managed to get along without a catheter until within a few days, although he had to empty the bladder frequently and was conscious at all times of obstruction to the free flow of urine. In the past ten days the calls to empty the bladder have been every few minutes accompanied with much suffering, pus and sediment in the urine. Preparatory treatment was instituted consisting of daily irrigations of the bladder with boracic acid solution.

Suprapubic prostatectomy was performed January, 1906, and although the prostate was strongly adherent, it was enucleated in three pieces without material difficulty. The total time consumed in the operation was seven minutes. The weight of the gland was ten drachms.

Case 8. Farmer, aged eighty-four years. This patient had suffered urinary difficulty for ten years. For the first five years he was able to sufficiently evacuate the bladder to get along fairly comfortably. In the last five years has been obliged to use the catheter frequently, and in the last nine months every time the bladder was evacuated. In spite of his advanced years he is active, well nourished, and all the vital processes well performed. Has suffered considerable dull pain in the pelvis nearly all the time.

Suprapubic prostatectomy was performed Jan. 25, 1906. The prostate was found very large and strongly adherent. Weight of gland seven and one-half ounces. The operation in this case was unusually long because of the strong adhesions. The total time consumed from the first incision to the delivery of the gland was twelve minutes.

Case 9. Merchant, aged sixty years. Had suffered urinary obstruction and had been addicted to the use of the catheter for fifteen years. At present, and for a long time past, has been unable to pass any urine whatever voluntarily. Four years ago had a hemorrhage from the bladder and another one a year ago. At times the urine is thick and offensive. At present it is clear and his general health is good.

Suprapubic enucleation was performed Jan. 29, 1906. A very large middle lobe was found projecting into the bladder. The gland was removed in two pieces and delivered through the suprapubic opening with considerable difficulty, because of its large size. Total time of operation, seventeen minutes. Weight of gland, six ounces, five and one-half drachms. (See Plate VII.)

Case 10. Mechanic, aged seventy-eight years. Has suffered urinary difficulty for four or five years. There has been gradually increasing difficulty in emptying the bladder. At present must pass urine every hour, and is up every hour during the night. Had a brother who died from prostatic hypertrophy. Has always been otherwise well and strong. Is able to be out

and about. He has been able thus far to get along without the use of the catheter, but the urine is passed in very small quantities, the calls are frequent, and the stream is very slow in starting. Sometimes he has to wait fifteen minutes before the flow begins.

Suprapubic prostatectomy was performed Jan. 8, 1906. The gland was not excessively large, weighing only nine drachms. It had, however, a small projecting middle lobe, which acted as a valve over the vesicle orifice of the urethra. Time consumed in operation, seven minutes.

Case 11. Professional man, aged sixty-nine years. This patient had had difficulty referable to the bladder for several years. Was supposed at one time to have a stricture of the urethra, for which a sound was introduced. Recently, there has been aggravation of his difficulties, and he has tried to pass the catheter, but unsuccessfully. There have been frequent calls to urinate, accompanied with much difficulty in satisfactorily emptying the bladder, and slow dribbling of the urine. The calls to empty the bladder in the last two or three months have been every two hours or so, and sometimes there has been dribbling between times.

Suprapubic enucleation was made Feb. 18, 1906. This case was the only one which presented any grave difficulties in enucleation. There seemed to be no line of cleavage between the capsule and the sheath, therefore the gland was removed in several moderate-sized pieces. Total time of the operation, eighteen minutes.

Case 12. Manufacturer, aged seventy-one years. Has suffered more or less from prostatic obstruction for ten years. Began to use the catheter seven years ago. Has had times when the call to use the catheter has been so frequent that instead of introducing and reintroducing it he has fastened it in place and allowed the urine to drain away continuously. Had been confined to his bed for a week at the time with violent cystitis. In 1900 had the Bottinni operation performed, but without result. Since then has become expert in the use of the catheter and irrigation of the bladder, which he does four or five times each twenty-four hours. At present is free from pain and in a fairly good general condition.

Suprapubic prostatectomy was performed Feb. 14, 1906, and an enormous prostate enucleated, weighing nine ounces. No difficulty was experienced in enucleating, but it came out in two pieces, both of which were delivered with much embarrassment through the suprapubic opening. There was a very large protrusion of the gland into the bladder cavity. Time consumed from the first incision to the delivery of the gland, five minutes.

In the above brief reports of these twelve cases, no comment has been made upon the ultimate result, because it is yet too

early to do so. Very many additional details in the technic and after-treatment have been evolved. It is the design of the writer to make these the topic of a subsequent paper at some future time. Experience thus far shows that the operation is quickly performed with minimum shock to the patient, and in all cases where the system has not been sapped by long and continued disease and its debilitating sequelæ, recovery occurs without serious complications.

HOMŒOPATHIC REMEDIES IN THE THERAPEUTICS OF OBSTETRICS.*

BY SARAH S. WINDSOR, M.D., BOSTON, MASS.

I hope the magnitude of the subject will not lead you to infer that I shall occupy an undue length of time this evening. When the President asked me to speak and gave me this rather formidable subject to speak on, I felt like limiting its scope somewhat, but as the paper was not then written there seemed enough latitude for almost anything one might wish to say, so the title stands, and I am going to touch briefly on a few more or less important points that have been recently in my mind. My principal aim is to bring out some discussion and experiences that shall prove useful in a practical way.

It may be quite enough to say in the beginning that I use remedies (as do other homœopaths) as they seem to me to be indicated in my line, and stop there; but at intervals it is well to reason together for a little over one's course of action—review, as it were, the basis of a belief in the principles that underlie one's practice. There seems to be just now a somewhat general feeling that we are not, perhaps, making the most of the means at our disposal; not getting all we might from the rules and remedies handed down to us by our homœopathic fathers. We have seemingly become a little weary of the oft-times necessary grind in fitting together the small pieces that give a completed picture, and are preferring either to guess at what the picture may be, or to say the picture is of no consequence anyway. It is not for me to give any dissertation on habits in general, but to make the application to the subject before us. It comes to this question. What is our mental habit in dealing with our obstetric cases? Does the possibility of using homœopathic remedies come as the first suggestion, or is that relegated more and more to a distant corner of the brain, and some mechanical or crude drug action at once resorted to?

There is a tendency to leave remedies out of consideration

* Read before the Boston Homœopathic Medical Society.

in the obstetric field, partly because the conditions are essentially natural, and partly because there is so much mechanism involved. Do we not feel that a pregnant woman must bear the minor ills from which she may suffer, because after all she is undergoing a physiological process, or else that she can be helped out of a too uncomfortable or dangerous condition by surgical methods only, thus ignoring the possibilities of making her comfortable with remedies and perhaps eliminating the necessity for severe measures? In the pregnant state our patient should be in a physiological condition, but let us pause for a moment to remember a few of the changes that are going on and what possibilities are present for deviation from the health line. We see so many cases year after year that, like the farmer and the sunset, we get used to the wonder; but what a marvel it is that a proper balance can be usually maintained under such new and wonderful conditions! Think of the commotion caused by a comparatively small pathological tumor, yet here we find in the brief period of nine months, that the uterus has developed from an almost solid body about two and three-quarter inches long with the weight of an ounce, into a vascular dilated organ of two pounds weight and more than five hundred times its virginal capacity. Of course, we can say that certain symptoms occurring meanwhile are due to pressure from this sudden growth and so must be borne, but mere pressure will not account for all the discomfort, since some women are never better than when pregnant. It depends upon the individual susceptibility, and with a well selected remedy we may reach some center that controls the nausea, the rectal and vesical irritation, or the general nerve discomfort. We have the remedies and the indications for individualizing each case.

Not for a moment would I advocate neglecting the sensible measures for regulating the pelvic circulation—exercise, diet and well arranged clothing; but with all these there will be one thing lacking if no thought is given to relieving symptoms that cry out for the indicated remedy.

All through the system there is the effort to readjust to the changes, and when this effort fails, as it so easily may, we are confronted with serious problems. Is there any condition more dreaded by general practitioners and obstetricians alike than that induced by pregnancy in which the physiological elimination of irritating material ceases and we come upon symptoms threatening havoc to both mother and child? We say the kidneys are not doing their work, and properly enough attempt to supplement their inaction by encouraging their allies to greater effort, but there is surely some disorder at the center of things which overthrows the equilibrium and ends in the nerve explosion of the convulsion, and it is in this inner

sphere that we feel the remedy has its place. If we are fortunate enough to have these cases under observation some time before labor, I feel there is more than a fair chance of averting convulsions at term. At the "Maternity" during the summer quarter we gave careful consideration to such cases; the directions as to general measures were somewhat routine—larger quantities of water between meals with lemonade or orangeade to vary the monotony and assist in keeping the bowels open—frequent bathing, with attention to diet and other corrective measures that seemed called for, but when all that was done the patient was scrutinized from a homœopathic point of view, and the totality of the symptoms taken for the remedy.

During the quarter we observed, out of a total number of eighty-nine cases of confinement, two cases of eclampsia, these occurring at the very beginning of the first month (July). They were of some slight interest, and I will give briefly the points that concern the use of the remedy.

Mrs. R. was the first case. Aged forty-four, pregnant for first time. July 5, urine showed seven per cent bulk albumin.

July 6. Woke this morning with severe frontal headache; labor pains beginning in lower abdomen; eyes aching; more comfortable sitting up in a chair, with tight bandage on; worse from noise and light. Belladonna was prescribed.

July 7, 12.30 A.M. Had slight convulsive attack with vomiting and frothing at the mouth, deep stupor, and cyanotic. Convulsions continued. She was put in hot pack at 3.15. Prescription, opium. Dilatation was beginning; in due season cervix was obliterated and membranes ruptured. Patient seemed to be having pains, though was not conscious after convulsions began. Kept watch, at intervals, of vaginal condition, and at 7.55 A.M. baby was born, followed by placenta complete. Removed from pack, rubbed with alcohol, and saline enema given. Restless; temperature, 103°F.; pulse, 160.

July 8. Convulsions at 1.10 P.M., and 3 P.M. Prescription, aconite. Report of urine: passed eight ounces, twenty-three per cent albumin (bulk). Seven ounces this A.M., nine per cent bulk. Patient improved steadily after 8.30 P.M. last night. Perspiring freely, taking large quantities of water; one ounce of milk every two hours. No medicine.

July 9. Urine increased in amount.

July 12. Urine, fifty-eight ounces; urea, thirty-four grammes; one and one-half per cent (bulk) albumin.

July 17. Urine, forty ounces; specific gravity, 1012; urea, 17.7 grammes; slight trace of albumin. Arsenicum was prescribed.

Mrs. H., the second case, was a young woman of twenty-one years.

On July 8 she was brought to the hospital, having had one

convulsion early in the morning, from which she had been unconscious three-quarters of an hour. On entering the hospital was conscious, but had slight frontal headache; pulse, 88, temperature, 99.4°F. She voided two and one-half ounces of urine, which showed twenty-nine per cent bulk albumin. For two weeks she had been vomiting everything eaten, and even water. She was given a saline rectal enema, and plenty of water by the mouth, but no food until ordered. A second convulsion occurred at 1.45 P.M., and she then presented a condition that indicated belladonna. A young, fair, full-blooded woman, congested face, pupils dilated, pulse full and bounding, confused senses, complaining, when conscious, of frontal, throbbing headache. At 3.45 P.M. she was placed in a pack about the temperature of her body, where she remained for the next three hours. From this she was taken, rubbed gently with warm alcohol and placed in dry blankets.

July 9. Report showed that no convulsions had occurred. Patient had slept six or seven hours, and perspired freely; temperature, 97°F., pulse, 70; amount of urine in twenty-four hours, sixteen ounces; the last sample of six ounces showed seven and one-half per cent bulk albumin, many hyaline casts. One ounce of milk every two hours; rectal saline. No medicine.

July 10. Very comfortable; milk, two ounces every two hours; one quart of Poland water per day. Swelling, pale, in face and hands; urine only twenty-three ounces in twenty-four hours. Four powders of arsenicum.

July 11. Labor pains began at midnight. A six months' foetus was delivered at 8.30 A.M. No sign of convulsions. Urine, forty ounces; four per cent albumin; 1009 sp.g.; twenty-five grammes of solids; urea, fourteen grammes.

July 12. One hundred and twenty ounces urine.

July 14. Slight temperature; fullness in breasts. One hundred and fifty ounces of urine; albumin, one per cent. Prescription, bryonia.

July 15. One hundred and seven ounces of urine.

July 17. Seventy-two ounces of urine.

July 24. Forty-seven ounces of urine; specific gravity, 1010; solids, twenty-three grammes; urea, 10 grammes; trace of albumin.

Left the hospital in a good condition, with no drug disease, at any rate, to recover from.

These two cases of course, mean little, but after some twenty years of observing cases of convulsions which have been treated in various ways, I have come to the conclusion that the mildest general measures with the indicated remedy will give the best results in the greatest number of cases. It sometimes requires more courage and self-control not to do things at the time of stress than to rush in and bleed and dose the patient until

tired Nature gives up between the disease and the treatment.

Not only in the pregnant state and in serious complications does the remedy have a part to play, but during the time of labor; if we will treat the patient as an individual and not merely as an obstetric case, we shall be able to give more comfort with a prescription than without it. I am not pretending that any miracles will be performed, like making an occipito-bregmatic diameter of $4\frac{1}{2}$ inches slide gently through a $3\frac{3}{4}$ inches conjugate, or causing a transverse to become a vertex presentation; but when it is a question of quality of pains it is possible to reach some governing power that acts for good. We have seen so many cases that needed only a little more force to bring about expulsion. Why not see if taking a clear picture of the individual's symptoms will not lead to the selection of a remedy which will save her even the use of forceps, however skilfully applied?

Routine application of any remedy is not according to our law, and this is coming to be one of the points upon which we can conscientiously agree with our respected "other school" brethren. However much we may amicably agree to differ from them there is a certain satisfaction in finding points of agreement. Professor Williams of Johns Hopkins in his latest text-book says: "Many authorities recommend the administration of a dram of fluid extract of ergot immediately after the expulsion of the placenta as a prophylactic measure against post-partum hemorrhage. This is usually unnecessary, as the drug is called for only when the uterus remains soft and flabby. I must insist that this is the only time at which ergot should be employed in labor, as its administration before the completion of the third stage has led to untold harm. Formerly even well-trained physicians used it in large quantities during the second stage, but at the present time it is so employed only by ignorant midwives. The danger lies in the fact that the premature use of the drug readily leads to tetanic contractions of the uterus which in the presence of any marked disproportion between the size of the child and pelvis are likely to bring about rupture of the uterus and death of the patient. Its administration in the third stage before the expulsion of the placenta cannot be too strongly deprecated as the resulting tetanic contraction tends rather to produce a further retention of the organ so that not infrequently manual removal becomes necessary." Of course we go further than this and say we do not need to use a drug which has any risk, since we have safe remedies at hand for even the emergencies of the third stage. We must, of course, know what we are attempting to do before applying any means of relief.

A homœopathic remedy *might* control any kind of bleeding, but it is not reasonable to leave the ruptured cervical artery

spouting while we experiment, or give the fundus a chance to balloon and fill with more blood than the patient can afford to lose. Knowledge and good sense must be brought to bear in diagnosing the cause and selecting quickly the means of control; if sutures are necessary put them in by all means, and if the uterus tends to become soft and flabby get the temporary effect of a hot sterile saline douche at once, but at the same time select a remedy suited to the case and let that be acting as a real aid, present and prospective.

We have all seen the china picture after hemorrhage, and have felt that this same remedy would give the patient her vitality back again in some unaccountable but effective way. In the puerperal period we have many opportunities for the exhibition of the indicated remedy; from the harmless, yet exceedingly painful breast symptoms—calling so often for bryonia that it almost seems routine treatment, but isn't—to the threatening signs of infection, we have potent means of relief if there is enough vital force left to respond to any treatment. The matter of infection is being worked upon all the time, and it seems more and more as if we were warned to be very careful in our treatment of the lining membrane of the uterus. Since recent researches have shown how Nature attempts to protect the system by setting up a barrier between the outer layer of the endometrium and the deeper portion; we do well to respect this wall.

The same author whom I quoted has this to say: "Most authorities recommend curettage in puerperal infection, in the belief that by its means the focus of infection can be removed, but it should be instituted only in the presence of definite indications, as the routine employment of the curette is frequently more dangerous than the original infection and has led to the death of many hundreds of women.

"It is contra-indicated when the infection is due to the streptococcus, as under such circumstances the lesions attending its use simply offer new areas for infection. On the other hand it is often followed by excellent results when the so-called putrefactive organisms are producing the mischief and the uterine cavity contains necrotic tissue. Nevertheless in this class of cases it is generally far better to employ the fingers in emptying the uterus." Under such conditions it seems wise to turn our attention to getting our aid to the life centers. If we can raise the power of the individual to the successful resisting point, the battle will be a Waterloo for the germs.

So, in conclusion, it seems to me we shall do the best work for our patients in this department, by forming a habit of individualizing each case, not so much as an obstetric case, as a patient needing to be set right—bringing in all the hygienic measures necessary, for these you remember are especially ours

to cultivate, since Hahnemann gave a great impulse to the consideration of natural or hygienic means. Then in addition I would emphasize the habit of thinking in "terms of homœopathy,"—that is, letting the mechanical procedure serve, and excellent service of course it renders in time of need; but at the same time maintaining a firm hand lest these procedures become the dominant power, and force the "milde macht" to the wall, a position most unworthy of the trusty friend that homœopathy has been to our predecessors and to ourselves.

A PLEA FOR HYPODERMIC MEDICATION.

BY WOODBRIDGE HALL BIRCHMORE, M D., NEW YORK CITY.

What is hypodermic medication?

Have we any better answer ready than that of Harley? "Hypodermic Medication consists in (a) making use of preparations which are directly absorbed by the blood current, since no digestive process to fit them for absorption is possible; and (b) injecting such preparation into the tissues to a greater or less depth according to the intention in the mind of the practitioner." When the lecture from which the above was quoted was delivered only "quinia," as it was called, was produced in any quantity, and that at prohibitive prices; but "morphia," just beginning to be used instead of less perfect preparations, was the occasion for the remark just quoted. To build up the modern structure has been the work of many men, but to Dr. Harley of London is due the credit of having foreseen all the possibilities involved in "the new materia medica," a phrase also due to him.

The theory of hypodermic injection is yet a matter of dispute in the highest circles, and not infrequently one, as by accident, overhears some remark to the effect that the question of the "why and how" of the results is no simple one. But in a way the whole series of solutions belongs to one or the other of two systems: In one, upheld by some of the best thinkers, absorption takes place by either the superficial or deep lymphatics only, according to the depth of the insertion of the needle, while in the view of the others absorption is into the blood current directly.

In fact, the process may be a complicated one as easily as a simple one, the lymphatic vessels, if it be fair to call them vessels, forming a path of least resistance quite as easily as the capillary blood-vessels. Certain writers, while admitting both methods as possible, and asserting that there is a competent evidence for either interpretation, also declare most positively

that no routine explanation will serve. They even claim that a difference in action exists accordingly as the solution finds its way directly into the blood-current, or reaches it indirectly. (Bouchard.)

Some writers have gone one step further and consider the possible differentiation of effects caused by "superficial" and "deep" injection. They refer to the following facts as a proof of their claim, that the distinction is a true and most important one. "If an injection is made into the superficial net of lymphatic vessels, then a sharply localized swelling takes place, the nerves especially of common sensation over a considerable space are deadened, even if only water is used, while morphia salts (and specifically cocaine) exert an action easily perceptible. When cocaine is injected the paralysis is for a long time continued; reaching its apparent maximum locally in a few (three?) minutes, it continues for a time to be measured as minutes; then the sensitive nerves begin to react to stimulation, and in a short time all the symptoms will have vanished; but as long as the area surrounding the point of injection is edematous, the paralysis of sensation continues. The blood-vessels of the part are forcibly contracted, but it is not going beyond the bounds of probability to say that this contraction is the *consequence*, not the cause, of the paralysis of sensation. After the absorption has progressed, in large measure the systemic symptoms appear, and gradually increase to a maximum, and then vanish. The same is true of sulphate of morphia injections; when the reaction in the locality is strongly marked the systemic action is delayed."

To secure these results this group of physicians maintain that the following edge of the needle opening should not enter further than three millimeters (say one-eighth inch) below the surface. On the other hand, if the local effects are either not desired, or are secondary, and of small moment, while the systemic ones are the goal of present endeavor, then they teach that "the needle must be made to pass the superficial fascia." This proceeding causes the injection to enter a tissue well supplied with blood-vessels, and if the injection-needle has been pushed in some ten millimeters or so, the peculiar white and umbilicated (about each hair follicle) appearance is not produced; only a very temporary swollen spot. But if the injector uses a still longer needle, no superficial effect will follow, but the systemic effect will reach its full measure almost instantly. It seems to be within the bounds of probability to say that the whole group may be divided into superficial, medium, and deep injections, of which the "superficial" are marked with evidence indicating maximum local action, the "deep" by rapid effects of another order. The medium injection partakes of the characteristics of both the others, and in various measure.

These facts may not seem very important, but if physicians could be persuaded to remember them they would be much better off. The opportunities for discrimination come to all daily.

The place occupied by hypodermic medication among the humanitarian proceedings of the physician is an important one, for by it he can make use of a dosage under conditions quite unlike those usually encountered. For example, if the physician gives by the mouth a certain amount of solid extract of nux vomica, he gives one alkaloid of which he thinks, strychnia, but he probably, without consideration, gives two other alkaloids, a glucoside and an acid, and other substances not yet fully determined. He also contends, with an uncertainty as to the composition of his drugs, he cannot be so sure as he would like to be on this matter, despite the assertions printed by the makers that all drugs are analyzed, and the proper amount per pint or pound of menstruum so regulated as to produce practical uniformity in the one usually considered ingredient, but it is in this one only. Finally, because of the complex character of the drug, intracorporal selection is always possible. This in a complex drug is always a source of possible mischief. This possible source of mischance and dire confusion has long been known, and it has been very commonly said that "The patient presented an individual susceptibility to this drug" or "the reaction to this drug was anomalous;" both of which statements are due to mistaken concepts.

There was no "susceptibility," no "anomalous reaction," but the living cells of the digestive tract happened to abstract from the drug one of the ingredients which the physician who gave it had forgotten, or possibly had never heard of. Thus for example in the case, frequently referred to, of those rare persons on whom opium produces a cathartic effect, due to the absorption of an unusually acting acid ingredient more rapidly than the narcotic principles are taken into the circulation. Usually this acid is not taken up at all, not in the least quantity; but again it will be taken up as abundantly as could be desired were it the ingredient of choice. But we note that when instead of giving opium by the mouth we give morphine to these patients hypodermatically the morphia-salt acts normally.

This, then, is the plea for the hypodermatic method; by means of it we secure a precision and certainty which we can obtain in no other way. By means of it we can safely use the most powerful of the alkaloids and alkaloidal salts, because we can so perfectly control the dose which we give; and since the action of the alkaloid and its salt can be perfectly predicated, and will not permit of selective absorption, we can push the dose to the full physiologic effect without hesitation. This then is the real source of the power of the hypodermatic method; *knowing what the results will be, we are not afraid of the unexpected.*

Now that all the ingredients of drug sources are so carefully studied, all the proximate principles in their composition have become known; many are well suited to this method of administration; others are quite unfitted; but whenever the active principles can be made to form salts freely soluble in water, then we know that the syringe will give a certainty to our plans in the administration of remedies which is utterly wanting to crude drugs, to tinctures, extracts, infusions.

Instead of acting as if the hypodermic syringe was in some sense outlawed and not to be used until all other means had failed, let us begin by using it, but using it as if we knew its power, and intended to utilize it for our patients' convenience as well as need. If this method of medication were used ten times as frequently as it now is, and it should be so used, physicians would find in it a certainty of aid which they now most strangely lack. To most physicians, to give a hypodermic injection is a euphemism for giving morphine, which is a memory of the time when "morphia" was the only known alkaloid. To-day when we have so many alkaloids and their salts we can easily escape from this "imputation of incapacity"; and by a suitable selection of substances can easily meet conditions which our predecessors, dependent upon the stomach and its good will, were powerless to overcome.

To obtain the full usefulness of this method only two *dicta* need be remembered: "Every alkaloid, or its salt, which is soluble in water, is suitable for hypodermic medication;" and "the patient's digestion in health is treacherous; to trust to it in sickness is sheer stupidity." Ergo, use the syringe.

We are glad to learn all that we can concerning our confreres in various parts of the world. From our only homœopathic Russian journal, the "Homœopathic Physician," we abstract the following, it being part of a list of the "Urgent Needs of Homœopathic Physicians" in that country:

"7. To cleanse homœopathic medicine from the malignant growths formed on it in the shape of 'Electro-Homœopath,' the 'methods' of Finella, etc., which awfully defiled true homœopathic medicine. The inexpert public identifies those 'methods' with pure homœopathy. It is necessary to explain to the public the true principles of Homœopathy by way of lectures, pamphlets, articles in the current journals, and in many other ways. On more than one occasion I had to argue with my patients that 'Canceroso,' 'Scrofuloso,' and all that rubbish by no means belong to homœopathy."

"8. It is necessary to support the only homœopathic publication in Russia, the "Homœopathic Journal" by participation in it , as well as by spreading it among the public."

Surely this advice can have an application at points less distant than Russia as well as in that country.

EDITORIAL.

Books for review, exchanges and contributions — the latter to be contributed to the Gazette only, and preferably to be typewritten—personal and news items should be sent to The New England Medical Gazette, 80 East Concord Street, Boston; subscriptions and all communications relating to advertising, or other business, should be sent to the Business Manager, Dr. WILLIAM K. KNOWLES, 40 Mt. Pleasant Ave., Roxbury, Mass.

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Reports of Societies and Personal Items should be sent in by the 15th of the month previous to the one in which they are to appear. Reprints will be furnished at cost and should be ordered of the Business Manager before published, if possible.

THE PASSING OF A HALF-CENTURY LANDMARK.

The Homœopathic Medical Dispensary for half a century has been a well-known landmark to the homœopathists of Boston, and among the charitable institutions of the city. It was incorporated by act of legislature in 1856—fifty years ago. In April, 1857, very shortly after its incorporation, it began its noble and philanthropic work of ministering to the poor, and alleviating their suffering. Its record is a long and highly creditable one, and it has done its work with effectiveness, dignity, and modesty.

The public has always associated it with the hospital. In fact these two institutions and the Boston University School of Medicine have been inseparably united in the minds of the laity, notwithstanding the fact that they have been from their inceptions independent institutions. For the past eight years, the subject of an organic union between the hospital and the dispensary has been more or less actively under consideration. The idea at first did not appeal to those doing the practical work of the dispensary. But as the institution has grown in usefulness and its work has augmented, the details of management have also increased. Members of the profession as a rule have but slight taste for the details of management, and the professional demands made upon their time are so numerous as to cause business matters to be slighted. At all events, for well considered and weighty reasons, the trustees and corporation of the dispensary have recently authorized the transfer

of the property and its management to the Massachusetts Homœopathic Hospital. And hereafter the dispensary will be known as the Out-patient Department of the Massachusetts Homœopathic Hospital. The new sign will soon displace the old one; and with the change will pass under new management one of our historic and most useful institutions. The change is not one of obliteration or serious modification. It will mean chiefly economy and simplicity of management and possibly a more systematic administration.

Individual workers cease their toil, but the work goes on. It may not be amiss at this time to gratefully recall a few o those to whose energy, unselfishness and perseverance, the dispensary owes its existence and enviable record, and to make brief record of their service.

Dr. I. T. Talbot lent to the dispensary, as he did to every other homœopathic institution in his field of work, his immense skill as an organizer, and the inspiration of his contagious enthusiasm. Dr. D. G. Woodvine founded its throat clinic, and for very many years worked indefatigably and disinterestedly, often, indeed, to the temporary neglect of private and remunerative practice, for its upbuilding and maintenance. Dr. Alonzo Boothby stood high among the founders of its surgical clinic, and his name is inseparably connected with it. To these who have passed in honor, be grateful remembrances; to them Hail and Farewell!

Of the workers still in active service, tribute should be paid to Dr. J. Wilkinson Clapp, for twenty-five years the treasurer of the dispensary, and for twenty-nine years a worker on its board of trustees. A most honorable record of generous and fruitful service! Dr. A. H. Powers, of the surgical staff, has held his present position for twenty years, and in that time has personally treated about ten thousand patients. Dr. John H. Payne has labored as an ophthalmic surgeon in the dispensary, since his graduation in 1879, and to his patient and skilful service the dispensary owes much. Dr. George R. Southwick has a record of twenty-four years of arduous and successful work in the gynæcological department. Dr. Helen Childs has for seventeen years held the position of pharmacist; and to her patience, ability, tact, and courtesy, the dispensary owes no small measure of its success with the difficult class of patients

among whom it works. To many other workers of a staff of about seventy-five an appreciative acknowledgement is due, but limited space forbids.

Since its inception the dispensary has treated **472,146** patients with a total record of **1,315,134** prescriptions. The suffering relieved through the skill and the generosity of its founders and its staff of workers is simply beyond human computation.

DIFFERENT VIEW POINTS.

It does make a difference whether we look down upon a thing, or up to it; whether we view it by side-long glances or "through a glass dimly," or squarely face to face; whether we view a thing with the irritable pessimistic eyes of a hungry man, or with the eyes of the optimistic, recently and comfortably dined individual. There are three-dimension things, which have length, breadth, and thickness, and a person's view-point may not enable him to see all three dimensions simultaneously. Possibly, our friends who live at the "homœopathic center of the world" may be so near the center as to spoil their perspective. At all events, people who live nearer the circumference may not see the same picture they do. To illustrate:—it gives the GAZETTE pleasure to include in its pages the essential parts of the short address "Lest We Forget," from the "Regular Homœopathic Medical Society of Chicago;" but at the same time the GAZETTE cannot refrain from commenting on two points in the Open Letter, in a fraternal if slightly critical spirit.

First. The GAZETTE would take exception to the statement that "homœopathy stands for a law of cure." The GAZETTE would much prefer to claim that homœopathy stands clearly and definitely for a *method of treatment.* Homœopathists, like other healers of the sick, are not infrequently in the position of the hostler who leads a horse to water; the horse does not always drink! According to the GAZETTE'S view of things, Hahnemann's dictum is "let likes be *treated* by likes." The homœopathic physician simply administers the *similar* remedy, and, in the famous therapeutic formula has a rule to help him out in prescribing, when the cause of a condition is obscure and its course doubtful. But does any man know what it is that *cures?*

Second. The GAZETTE cannot subscribe to the dictum that "homœopathy is *the* law of cure;" because so many sick people are evidently *cured* when *treated* surgically, antipathically, em-

pirically, homœopathically, hydropathically, electrically, psychically, as well as by osteopathy, and various other methods.

The GAZETTE does claim heartily and emphatically that in so far as the *use of drugs* is concerned, in its judgment, the best and safest, the least injurious, the most frequently successful, and on the whole most satisfactory method of *treating* conditions of disease, is by the homœopathic method of selecting the similar remedy in a form sufficiently diluted to avoid aggravation of the trouble, and yet in sufficient strength to accomplish the desired result.

MEDICAL MEASURES BEFORE THE LEGISLATURE.

The medical profession is not the only body of our citizens actively interested in maintaining sound public health with its attendant happiness and improved morals. As a matter of fact, members of the profession spend the greater part of their time in attending to their immediate duty of alleviating suffering and healing the sick. It may astonish even members of the profession to realize that about fifty petitions and bills, directly or indirectly relating to matters of health, have been presented to the Legislature which is now in session. These bills have been referred chiefly to the Committee on Education, Committee on Public Charitable Institutions, and Public Health Committee. The petitions cover a wide variety of subjects, as may be seen by the following incomplete but very suggestive list:

To safeguard the health of school children: Against vivisection.—That the Massachusetts College of Osteopathy may grant degrees.—On punishment for crime of abortion.—For new hospital for consumptives; on sites and management of private hospitals.—For the supervision of private hospitals, infirmaries, sanatoria, and laundries.—To regulate practice of midwifery.—On professional nursing of the sick.—On the practice of medicine and registration of physicians.—That ingredients of patent and proprietary medicines, etc., containing poisonous drugs shall be stated on their receptacles.—On labelling patent and proprietary medicines containing alcohol.

This list is long and varied enough to give an idea of the problems brought to our legislators for consideration and action. The Public Health Committee naturally has the larger proportion of these subjects to consider, and no fewer than fifty-one petitions and reports were referred to it. Wide experience, exceptional intelligence and profound judgment guided by the sincere effort to do the best for the health of the Commonwealth are needed by those upon whose decision rests the fate of these petitions. Possibly the profession itself is remiss in not taking a little more interest in such matters.

A NEGLECTED DUTY.

A communication which the GAZETTE has recently received from the Boston Board of Health, calls attention to a duty which members of the profession are evidently in the habit of neglecting. While the communication has to do with the city itself, it doubtless refers to a duty which is neglected outside of Boston as well as within its limits. It would seem unnecessary to call the attention of the profession to the absolute necessity for the hearty coöperation of the profession, boards of health, and the laity in order to eradicate such a terrible scourge as the White Plague has proven. It will be enough simply to direct the attention of our readers to the communication, and suggest that hereafter we all do our duty in this respect. The communication is as follows:

Dear Sir: The Board of Health is now getting reports of only about one-half the whole number of cases of pulmonary tuberculosis in our city, and not all of these come from physicians. This puts the Board of Health to a disadvantage in dealing with the disease, and the city in contrast with other cities in the application of desirable preventive measures. The Board must, therefore, repeat its request, and respectfully insist upon the reporting of every case which comes under the professional observation of any physician. It may be expected that hereafter only physicians will be sent by the Board of Health to observe the precautionary measures required of such patients.

Yours very truly,

S. H. DURGIN, *Chairman.*

A MUCH-NEEDED SOCIETY

Is in process of formation among the medical profession and the philanthropic laity of the State of Massachusetts; the society in question to be known as the Massachusetts branch of the American Society of Sanitary and Moral Prophylaxis. Its object, briefly stated, is to conduct an educational campaign along the line of sexual hygiene, similar in nature to, if necessarily more restricted in scope than, the immensely fruitful and valuable campaign of like nature in the field of tuberculosis. An open letter on this subject will be found elsewhere in this issue. We commend it to the most earnest consideration of our readers, urging upon them the duty of early association with the society, and labor in its interests. Nowhere in modern life does crass and fatally dangerous error more darkly reign than in sex theories and sex practices. To bring both of these to the wholesome light of day, and to the bar of sane, sound, and trained judgment, is to fulfill one of the highest and most valuable uses of education.

OPEN LETTERS.

THE PROPHYLAXIS OF VENEREAL DISEASES.

BY W. L. HOLT, M.D.

We all know the proved success of a well-organized and actively and intelligently prosecuted campaign of education as a means of preventing a contagious disease, as exemplified by tuberculosis.

I wish to ask the progressive physicians of Massachusetts a question that a good many may have asked themselves already: Would not a campaign of popular education prevent venereal diseases as it has tuberculosis? If we think it would, is it not our duty to organize and foster such a campaign? It seems to me that we need consider but three sets of facts before deciding to start such a campaign. First: the venereal diseases are a menace to society, even greater than tuberculosis, on account of their much greater prevalence, and the fact that by causing sterility, abortion, still-born and blighted children, who do not live to grow up or, still worse, beget tainted and degenerate offspring, they are the strongest agents in the world to-day for race suicide and race degeneration.

Second: The false ideas on sexual hygiene almost universal among young people, their complete ignorance of the deadly nature of venereal diseases and their great prevalence and, particularly, the general belief of young men that sexual intercourse is a necessity for vigorous manhood—all this dense ignorance of sexual truth among the youth of both sexes is one of the chief causes of their reckless indulgence in promiscuous intercourse, and so of their contracting venereal disease. This ignorance is clearly due to the fact that our present system of education both at home and at school, is so incredibly stupid that we leave our children in total darkness concerning the laws governing their most vital and fundamental function, reproduction, and let them pick up and believe any lies and morbid ideas on sexual matters that they may find on the streets and from quacks and patent medicine advertisements. Fournier, the great French syphilographer, Dr. Morrow of New York, and a great many other authorities on venereal diseases have declared that true education of the young in sexual hygiene, which among other things, would teach young men that sexual intercourse outside marriage was not at all necessary for vigorous health but, on the contrary, inimical to it because of the great danger of injury from excess and from venereal disease—that such teaching would be the most effective means possible of preventing venereal disease.

Third: Before this much needed reform in education can be introduced, the medical profession, which alone sees the neces-

sity of it as yet, must awaken the teachers, the clergy and all intelligent people to demand it; and it is clearly the duty of the physicians to do this service to society.

Can there be a single citizen of Massachusetts, be he a physician or not, aware of the terrible results of these diseases, especially in marriage, and the great number of wholly innocent women and children who are struck down by them, who is not ashamed that his state and country allow these horrible scourges to ravage her citizens unchecked? Will he not demand that these plagues be fought in every possible way, and will he not be ready and eager to help in educating the people, especially the young, who are in the greatest danger, concerning the true nature of these diseases, and the only sure way to prevent them?

Taking it now for granted that we want to educate the people in sexual hygiene and disease, how shall we set about it? Fortunately we have the example of France to look to, where for many years there has been an organization founded for this very purpose by the leading physicians of Paris, and called "The Society of Sanitary and Moral Prophylaxis." This society has the active support of Fournier and all the other specialists in venereal diseases in Paris, and also a great many prominent men throughout France, among both physicians and laymen; it holds frequent meetings, and publishes a monthly bulletin. It has also published a number of educative pamphlets written in simple language for the working class young men and women. The Boston Medical Library has this monthly bulletin for 1904, in which one may find a full account of the work and methods of this society. There are such societies also in Germany, Holland, and other European countries, all having the same name, the same aim, and the same or similar methods. Two international congresses for the prevention of syphilis and venereal diseases have been held at Brussels; every nation of the civilized world was represented. At the last meeting of this congress the delegates decided to organize societies in every country where they did not already exist, to be called Societies of Sanitary and Moral Prophylaxis. The object of these societies should be "to study the best means of every order—moral, legislative, and social, as well as medical—to be employed in the prevention of these diseases."

Dr. Prince A. Morrow of New York, an eminent specialist in genito-urinary diseases, whose recent book on "Social Diseases and Marriage" you may have read, was delegated by this congress to form one of these societies in the United States. In spite of Dr. Morrow's high standing and great influence among his colleagues and also with other leading men in New York, he found such a general lack of appreciation of the importance of the subject and fear of injuring one's stand ng by identifying one's self with such an unmentionable subject, that it was only

with the greatest difficulty and by continually laying stress on the humanitarian side of the problem that he and his co-workers finally succeeded in enlisting the support of one hundred and twenty-five of the best physicians in New York, and a few broad-minded and humane clergymen and laymen, and founded last February The American Society of Sanitary and Moral Prophylaxis.

I can best show you the aims of this society by quoting some of the articles from its constitution:

Article I. The headquarters shall be located in New York City, with branches in other cities of the United States.

Article II. The object of this society is to limit the spread of diseases which have their origin in the social evil. It proposes to study every means—sanitary, moral, and administrative—which promise to be most effective for this purpose.

Article III. This society is to be composed of members of the medical profession, and of the laity, including women.

Let me supplement these extracts by a few quotations from Dr. Morrow's inaugural address. In answer to the question continually asked of members of the society: Do you aim at the regulation of vice? he says: "This society does not embrace in its objects the legislation of prostitution or the sanitary surveillance of prostitutes with a view to making fornication safe. Prostitutes should be treated and cured, if possible, like all victims of these diseases, but the state in issuing a certificate of health which is equivalent to a license to practise this vocation, proclaims the doctrine, unhygienic as it is immoral, that debauchery is a necessity for men. The key to the solution of this problem is not to make prostitution safe, but to prevent the making of prostitutes. From this point of view the study of the underlying causes, the bad social conditions, of which prostitution is largely the product, would properly come within the scope of this society's work.

"The evil of prostitution can never be corrected so long as the morals of young men are considered a negligible quantity, and the 'sowing of wild oats' is recognized as a harmless and pardonable pastime."

Such in outline are the aims and spirit of The American Society of Sanitary and Moral Prophylaxis. It holds meetings twice a month at the Academy of Medicine in New York. At the meeting on Dec. 14, four papers were presented as follows: 1. "Should education in sexual matters be given to the great body of the young men of the working classes?" L. Duncan Bulkley, M.D. 2. "Should this instruction be individual or collective, through pamphlets, tracts, lectures, talks to young men, etc.?" Rev. John J. Wynne, S.J., and Prof. F. N. Seerley of the International Y. M. C. A. 3. "That social groups and agencies whose work beings them in direct contact with the

living conditions of the people may be utilized for this educative work " Dr. David Blaustein, Superintendent of the Educational Alliance. 4. "Should this education be extended to the young women of the working classes?" Margaret Cleaves, M.D.

These papers were followed by a general discussion by prominent members of the laity and medical profession.

It seems to me that this society in New York has shown us physicians of Massachusetts very clearly how to set about this delicate and important task of educating the public concerning sexual hygiene and diseases, and that we should lag no longer behind our more progressive colleagues but follow their good example by getting together and organizing a Massachusetts branch of the American Society of Sanitary and Moral Prophylaxis without delay.

Dr. Abner Post of Boston has been asked by Dr. Morrow to organize a branch of the society in this State, and stands ready to do so if he can get the support of the best leading physicians of Boston. All physicians of this State who respond to this appeal and wish to help in the organization of a branch of the American Society here in Boston will help greatly toward that end by sending their names and addresses to the writer at 87 Montclair Avenue, Roslindale, Mass.

"LEST WE FORGET."*

Truth is unchangeable and uncompromising. Wherever found it is in perfect harmony with all other truth. Whenever and wherever you find discord you may rest assured that something has been allowed to creep in that is false, and that something must be removed before harmony can be restored. To just the degree that truth is made to yield to the demands of error will the results be unsatisfactory and real progress retarded.

Homœopathy stands for a law of cure. It is claimed to be founded upon a truth, and the same has been demonstrated not only by means of its works, but by reason of its harmonious relation with all other established truths. To-day the Homœopathic profession is divided into two uncompromising factions. Either one is right, or both are wrong. By their fruits shall we know them. It is a specious plea that Homœopathy is limited in its action, and consequently our students must be taught everything in medicine; but alas and alack, the time has been too short for everything, so Homœopathy is being crowded out.

The public asks for Homœopathy and is given to understand that it is receiving the very best Homœopathy in the market,—

* An address authorized by the Regular Homœopathic Medical Society of Chicago.

a strictly modern, up-to-date, twentieth century inspiration. The public knows no better, and oft-times the physician shows equally limited knowledge of the real truth, for his practice is thoroughly consistent with much of the teaching received while attending a homœopathic (?) college. * * *

If we read the signs correctly, the time is ripe and the profession ready to begin an aggressive campaign for the restoration of homœopathy to its logical place in the domain of medicine. This is to be no ephemeral movement, but the beginning of a struggle that will be most vigorously pushed until the banner of homœopathy shall have been rescued from the hands of its traducers and restored to its former proud position as the synonym of law and truth. It bases its expectations of success upon the convincing power of its "law of cure," the comprehensive scope of its organization and the earnestness of its adherents.

To-day, Chicago is recognized as the "homœopathic center of the world." It, therefore, seems natural that this new movement should find a local center at this point; and the logical outgrowth of the protest which has been made for many years is found in the organization of the Regular Homœopathic Medical Society. It is actuated by the single purpose of preserving and promoting the principles of homœopathy, and will coöperate with any individual or organization having a similar purpose. Its declaration of principles is broad enough for any honest follower of Hahnemann, and at the same time simple enough to admit of no misunderstanding. No attempt is made to dictate the practical application of those principles. That is left to the judgment of the individual; but every known means will be employed to make the application of those principles so simple that the temptation to resort to doubtful expedients will be continually lessened.

About seventy-five responded to the first general call Feb. 6, 1906, when the following declaration of principles was adopted.

First. The law of similars is the law of cure.

Second. The single, *similar* remedy is the only scientific prescription.

Third. The proper dose is the minimum amount sufficient to cure (the potency being left to the discretion of the physician).

Fourth. The indicated remedy is the remedy based upon the totality of the symptoms in each individual case (totality meaning the sum total of the deviation from the normal state).

Note: This Society recognizes that there may be times in the practice of individual members when, not knowing what else to do, they may think it necessary to resort to palliative measures. While such treatment may seem justifiable, and will be tolerated, it is nevertheless *un-homœopathic and is not endorsed by this Society.*

The officers elected were: President, A. C. Cowperthwaite, M.D.; First Vice-President, H. C. Allen, M.D.; Second Vice-President, D. M. MacMullen, M.D.; Secretary, G. P. Waring, M.D.; Treasurer, H. H. Baker, M.D.; Executive Committee, President (ex officio), E. A. Taylor, H. Farrington, J. B. S. King, J. W. Kingston, H. W. Pierson, G. P. Waring.

Regular meetings of this Soeiety will be held on the first Tuesday night of each month at 8 o'clock. Stenographic reports of each meeting will be made, and a bound copy of the transactions for the year may become the property of each member. For the present the yearly dues have been placed at two dollars.

A cordial invitation is extended to all homœopathic physicians who can attend, to become members. Other cities and localities are also urged to organize where the regular homœopaths desire to coöperate in the above plan to preserve and promote homœopathy.

[Signed] GUERNSEY P. WARING, *Secretary.*
Chicago, Feb. 15, 1906. 55 State Street, Chicago.

HOSPITAL BULLETIN.

GROWTH OF THE FRAMINGHAM HOSPITAL.—The Framingham Hospital is an illustration of what may be accomplished in a small town through patient, persistent, and harmonious effort on the part of a few public spirited citizens.

This institution was incorporated in 1890, and immediately secured the gift of a memorial fund of five thousand dollars. Two years later very limited hospital service was offered, chiefly for emergency needs, in an adjoining dwelling house. In 1898 there had been completed a new hospital building with accommodations for the training school for nurses. This building offered facilities for from thirty to thirty-five patients, operating room, service department, etc. Since that time a new wing has been added providing additional private rooms, and a splendidly equipped laboratory kitchen for pupil nurses.

At present there is under construction a beautiful memorial building, the gift of friends, to be used as a home for nurses, and costing over twenty-five thousand dollars.

Exclusive of this building above mentioned, the Framingham Hospital now represents an investment of nearly thirty-six thousand dollars, with other funds to the amount of about fifteen thousand more. This is the result of steady growth and the aggregate of small sums.

Before the end of the present year there will be accommodations for some fifty patients. Last year there were treated about four hundred and eighty-five cases, a large proportion of which were surgical. The medical staff now consists of nine members, two of whom are homœopaths. The old and new school have worked side by side from the start and without friction, in fact, deep friendship has developed out of this companionship, without the giving up of ideals by either side, and with but a single thought —that of the welfare of the institution and the public who have sustained it.

Associated with the hospital is the Framingham Training School for Nurses, with some forty pupils constantly in attendance. The School

offers a three years' course with many special advantages found in but few other similar institutions.

On the whole, Framingham feels a pardonable pride in its accomplishment of the past fifteen years.

By a contribution of $350,000 to the Presbyterian Hospital in Chicago, and the hope of still more to come, erection of an elaborate annex is assured. It is planned to make this one of the best equipped institutions in the West.

The Metropolitan Hospital of the city of New York has now nearly 1,200 beds, and presents an unrivalled opportunity for the practical study of disease in every form—surgery, gynæcology, genitourinary diseases, neurology, dermatology, physical diagnosis, and general medicine, and homœopathc therapeutics, as well as obstetrics and diseases of childrens comprise the lines of experience gained by the internes of this institution.

Competitive examinations for the twelve services of eighteen month, each, commencing June 1 and Dec. 1, 1906, will be conducted at the Hospital May 11, 1906.

These examinations are open to all graduates in medicine, and application should be addressed to Edward P. Swift, Chairman, Committee on Examinations, 170 West 88th Street, New York City, N. Y.

SOCIETY REPORTS.

BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

Business Session.

The regular meeting of the Boston Homœopathic Medical Society was held in the Natural History rooms, Thursday evening, March 1. The meeting was called to order at eight o'clock by the president, David W. Wells, M.D.

Drs. E. S. Calderwood, J. Arthur Jones, and C. R. Thomas were proposed for membership.

Dr. Strong reported that the legislative committee had voted to authorize its counsel to withdraw Bill 883 from the Committee on Public Health.

Dr. Wells reported in regard to the hearing on the bill concerning compulsary medical inspection in all the schools of the State, that the sentiment appeared to be entirely in favor of the bill, and that there was a good prospect of its passage.

Program.

Scientific Session.

The Value of Drugs in Therapeutics. Dr. Frederick C. Shattuck, professor of Clinical Medicine, Harvard Medical School. Dr. Frederick B. Percy, professor of Materia Medica, Boston University School of Medicine.

Discussion by Drs. Walter Wesselhoeft, Packard, Rice, H. E. Spalding, Moore, and Richard Cabot.

At the close of the discussion a vote of thanks was extended to Dr. Shattuck.

Adjourned at 9.30 p.m. for a social half-hour in the adjoining lobby, where light refreshments were served.

(Signed) B. T. Loring, *General Secretary.*

NEIGHBORHOOD MEDICAL CLUB.

The Neighborhood Medical Club held its regular meeting at Young's Hotel, Boston, Jan. 18, 1906.

Dr. E. F. Norcross read a very interesting paper entitled "The Local Use of Formaldehyde in Erysipelas," and cited six cases which he had treated with a two per cent. solution, with prompt and permanent results.

At the meeting held Feb. 15, 1906, Dr. E. P. Ruggles gave an instructive paper on "The Treatment of Puerperal Eclampsia," with report of three cases treated by blood-letting, followed by nitra-venous injection of normal saline. All the cases recovered.

HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK.

The Homœopathic Medical Society of the State of New York held its forty-fourth annual meeting in Albany, N. Y., on Tuesday and Wednesday, Feb. 13, and 14, 1906.

The headquarters of the Society were in the Hotel Ten Eyck, and th sessions were held in the ball-room thereof. The meeting was one of the best attended in the history of the Society. A particularly good program of thirty-four papers was presented. The discussion was general and profitable, although the length of the program precluded as full a discussion on some of the subjects as would have been desirable. This fact spoke eloquently for the proposed amendment, giving the Society a three days' session. It was, however, voted down for other reasons.

President DeWitt G. Wilcox of Buffalo occupied the chair during the sessions.

It was the sense of the Society that the action of its Executive Committee in conference with the old school, in taking the stand that the time was not ripe for the unification of the three examining boards, be endorsed.

Election of officers resulted as follows: President, N. H. Collins; First Vice-President, T. D. Buchanan; Second Vice-President, F. W. Seward, Jr.; Third Vice-President, O. S. Ritch; Secretary, H. Worthington Paige; Treasurer, F. M. Dearborn.

Wednesday noon the retiring president read his address, filled with pertinent suggestions on living topics, an essay well worth perusal, when and wherever published. It discussed amalgamation of the schools, patent medicines, certain forms of medical (?) advertising as to proprietary medicines, the school methods with children, etc. The paper by Dr. R. L. Copeland of Ann Arbor, Mich., upon "The Infinitesimal Dose," and that by Dr. F. C. Curtis of the State Department of Health upon the "Erythematous Exanthemata," and the one by Dr. Herbert D. Pease, Director of the State antitoxin laboratory, upon "The Laboratory in Public Health Work," deserve special mention.

One of the most interesting papers of the session was given to the Bureau of Gynæcology by Dr. N. W. Emerson of Boston, who spoke from his varied experience on "Ventral Suspension and Ventral Fixation."

New Medical School in China.—The Lockhart Medical College, organized under the direction of the American Methodist, Presbyterian and Congregational missions, together with the London missions, was opened early in February with much impressive ceremony. A large gathering of high Chinese officials and representatives from the diplomatic corps was present. The Dowager Empress is one of the benefactors.

BOOK REVIEWS.

Medical, literary and scientific publications will be reviewed in this department. Books and journals should be marked NEW ENGLAND MEDICAL GAZETTE, and sent to 80 E. Concord St., Boston.

Diseases of the Skin. With Special Reference to Principles of Treatment for the Use of Advanced Students and General Practitioners. By Henry M. Dearborn, M.D., late Professor of Dermatology, New York Homœopathic Medical College and Hospital, etc. Second edition. Revised, enlarged and edited by Frederick M. Dearborn, M.D., Dermatologist to the Hahnemann Hospital; to the Metropolitan Hospital, etc. pp. 655. Illustrated. New York: Boericke & Runyon, 1906.

This volume is only slightly changed in form from the first edition of a few years ago. Several new chapters on recent discoveries have been added, and the entire work revised and brought up to date. An important improvement is the addition of many new, full-page reproductions from photographs of interesting or typical cases, upon a specially thick and finely finished paper. The binding allows the book to remain open at any page desired, and the book, as a whole, is a credit to the publishers.

The intention of the author to produce a book valuable to the general practitioner and advanced student has been well achieved. The anatomy, physiology, and general remarks on etiology, symptomatology, diagnosis, treatment, and classification, are condensed into sixty pages which form the first of three main divisions of the subject. In part two, comprising the body of the book, the different diseases are taken up separately. Special emphasis is placed on the correction of all physiological errors before prescribing local treatment or internal medication, both of which are thoroughly discussed. It is to be regretted that the exanthemata have not been included within the scope of the volume. A noticeable though not uncommon error, is the describing of cases which have made a recovery as "cured." The profession as a whole will surely look askance at reports of leprosy "cured" with hydrocotyle sixth decimal, or lupus erethymatosus "cured" with natrum muriaticum twelfth decimal. As a whole, however, the claims for the results of treatment are very moderate, the failures and successes being noted impartially.

The third division, however, is the part which will appeal at once to every homœopath. In 130 pages all the principal remedies are taken up in alphabetical order. Their general characteristics and action on the skin are first clearly and succinctly stated. Then follow short paragraphs giving in succession the diseases in which the remedy under consideration has been found helpful, and the indications, with a statement of the strength which the author considers most efficient.

An adequate index completes a volume which no homœopathic practitioner who treats any diseases of the skin can afford to do without. L.

Proceedings of the British Homœopathic Congress Held at St. Leonard's 1905.

This consists of a booklet containing all the papers read at the annual meeting and photographs of the officers and members. These papers have previously been published in the Monthly Homœopathic Review, but are here brought together into one volume. The presidential address by Dr. G. F. Goldsbrough deals at length with the present status of homœopathy, its most perplexing problems and some of its aims for the future.

Several illustrations of scenes in and near Hastings give an added finish to the otherwise valuable collection of papers.

PERSONAL AND GENERAL ITEMS.

Dr. Walter R. Amesbury, B.U.S.M., 1886, has removed from Kingston, Mass., to 85 Milton Street, Readville Station, Hyde Park, Mass.

There will be a vacancy for a woman resident physician in the Women's Southern Homœopathic Hospital of Philadelphia June 1, 1906. Apply to Amelia L. Hess, M.D., 1911 Mt. Vernon Street, Philadelphia, Pa.

Boston University School of Medicine is congratulating itself upon having received, after inevitable delay, the Gold Medal awarded to it on its exhibit at the Louisiana Purchase Exposition, at St. Louis in 1904.

Miss Mildred Gray will be very glad to do any stenographic work that physicians may desire to refer to her, either at their offices or at the Medical School. Arrangements can be made at the Pathological Laboratory of the B.U.S.M. or by telephone, Tremont 351.

According to the State Board of Health report there were in Massachusetts in February 411 cases of scarlet fever, 581 cases of diphtheria, 3018 cases of measles, 80 cases of typhoid fever, and 19 cases of cerebro spinal meningitis.

For Sale—$4000 practice for sale in one of California's delightful valleys. Collections, 95%. No opposition. Reason for selling, wish to devote year to post-graduate study and practice a specialty. Full information by writing M. S. Kelliher, M.D., Lompoc, Calif.

Dr. Alberta S. Boomhower, B.U.S.M., '99, has recently left the practice of medicine and married Mr. Frederick W. Guibord of Washington. Dr. Boomhower was for a time in general practice in Roxbury, and later was house physician at the Westboro Insane Asylum. She now resides in Washington.

Dr. David M. Gardner, Class of 1900, B.U.S.M., was recently in Boston for a brief stay, on business and visiting friends. He is very successfully conducting, at Caldwell, N. J., a sanitorium for the treatment of mental and nervous diseases. The Doctor has an interesting collection of photographs arranged in a booklet, which he will be pleased to mail to any physician who would like them.

Dr. Frank E. Allard's course of Fifteen lectures of "Medico-Insurance will be given on Tuesday and Thursday afternoons during the Spring term at Boston University School of Medicine, the first lecture having been delivered on March 20th. Dr. Allard is a recognized authority on the subject, and medical director of the Boston Mutual Life Insurance Company as well as of several casualty companies.

A combined meeting of the Clinical Society and the Chicago Homœopathic Medical Society was held in Chicago on the evening of Feb. 15. The program consisted of a "stereopticon symposium" on Pulmonary Tuberculosis, Dr. W. Henry Wilson showing entire lung in numerous forms of tubercular involvement, and Dr. E. Stillman Bailey showing "Tent Colony," "Fire Escape," and "Roof" forms of outdoor treatment, sanitation, hygiene," etc.

Dr. Howard P. Bellows and Mrs. Bellows have just returned from a month's cruise among the islands off the southern coast, stopping at Bermuda, San Juan, etc. The trip extended as far south as Trinidad, off the coast of South America. The voyage was of much benefit to Dr. Bellows' health, which has been seriously affected by the more than five years which he has given to the work of preparing for publication the provings of "belladonna," carried on under the auspices of the O. O. & L. Society.

Boston University School of Medicine was the scene of a very enjoyable reception and dance, on the evening of March 23rd, tendered by Delta Chapter of Alpha Sigma fraternity to the other fraternities and societies in the School and to the Faculty. A special feature was the presentation to the School, in the name of the alumni, of a beautiful flag of large size. Dr. William H. Watters made the presentation speech, and Dr. Frank C Richardson, Registrar, made a happy response.

Ward I. Pierce, M.D., of Somerville, Mass., B.U.S.M. 1904, has removed to Pittsburgh, Pa., where he will be associated with Dr. G. A. Mueller in special work on the eye, ear, nose, and throat.

As Dr. Pierce served for a year in the Pittsburgh Homœopathic Hospital, he had the opportunity of becoming well known among the profession in Western Pennsylvania. It is understood that his prospects are most encouraging. He may be assured of the best wishes of his Alma Mater.

For Sale—On reasonable terms, private sanatorium finely located opposite Washington Park, Roxbury, Mass. Has been successfully conducted by a nurse for twenty-five years. Had had the patronage of a large number of the leading physicians of Boston. It is fully furnished, and exceptionally well adapted for a sanatorium or private hospital for the care of eight or ten patients. For further particulars, address the Business Manager, Dr. W. K. Knowles, M.D., 40 Mt. Pleasant Ave., Roxbury.

We learn that Dr. Mary R. Lakeman, a graduate of the Boston University School of Medicine, is associated with Miss Elizabeth M. Fessenden in opening a camp for girls at Holderness, N. H.

The booklet recently received gives a prospectus of the various features of the camp which is called Winona Fields. As in many similar institutions the objects sought are health and happiness. There will be out-of-doors gymnastics, swimming, rowing, paddling, horseback riding, games, excursions, etc. The girls will read, write, eat and sleep out of doors, the only shelter being a canvas roof, except on rainy and cold days, when a large farm-house will be at their disposal.

Medical examination is required of all.

Special arrangements can be made for tutoring when desired.

As such occupations make for the well-being of those enjoying them, they should have the hearty encouragement of all.

The sympathy of the Gazette is extended to Dr. J. Frank Trull, of Biddeford, Me., in the recent loss incurred at his hospital by a fire which for a time threatened almost complete destruction to the institution. Thanks to the efficient fire department of Biddeford, and with assistance from the neighboring city of Saco, the loss was much lessened.

When the fire started, an operation was in progress in the operating-room, and the surgeons had reached such a stage that cessation of their work would mean fatal results to the patient. They moved into an adjoining room, where the operation was completed under most adverse circumstances, with firemen working in the room above and water running down upon them. Umbrellas were held over the patient and the operators for protection, and the work was performed over a submerged floor. The surgeons were Doctors N. W. Emerson of Boston, L. A. Brown of Portland, and F. A. Ferguson of Bath, Me., all graduates of the B.U.S.M., as is the owner of the hospital, Dr. Trull.

THE NEW ENGLAND MEDICAL GAZETTE

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ORIGINAL COMMUNICATIONS.

THE VALUE OF DRUGS IN THERAPEUTICS.*

BY FREDERICK B. PERCY, M.D., PROFESSOR OF MATERIA MEDICA, BOSTON UNIVERSITY SCHOOL OF MEDICINE.

Transition periods in medicine have always been epochal. Great men possessed of great and candid minds have in every age and generation struggled with the problem of drug influence in disease. System has followed system; theory, theory; all alike to disappear and be forgotten. From Hippocrates, the father of medicine, who said at the close of his life in speaking of disease, "Such are the causes, such the course, such the termination, alas, of all the diseases of my day; but if you ask me how to cure them then I must close my mouth; I did my best with the rough means at my disposal," down through the various schools of Asclepiades, Galen, Paraclesus, Stahl, Silvius, Boerhaave, Brown, Haller, and up to the time of Hahnemann, doubt and uncertainty prevailed as to the power of drugs. Some years before the promulgation of the law of similars, Hahnemann thus voiced his opinion of the practice of medicine: "A number of causes—I dare not count them up—have for centuries been dragging down the dignity of that divine science of practical medicine, and have converted it into a miserable grabbing for bread, a mere cloaking of symptoms, a degrading prescription trade, a very God-forgotten handiwork, so that the real physicians are hopelessly jumbled together with a heap of befrilled medicine mongers. How seldom it is possible for a straightforward man by means of his great knowledge of the sciences, and by his talents to raise himself above the crowd of medicasters, and to throw such a pure, bright sheen upon the healing art at whose altar he ministers that it becomes impossible even for the common herd to mistake a glorious, benign evening star for a mere vapory sky-fall. How seldom is such a phenomenon seen, and hence how difficult it is to obtain for a purified science of medicine a renewal of her musty letters of nobility."

*Read before the Boston Homœopathic Medical Society March 1, 1906.

Who was this man Hahnemann? Let me quote from a contemporary and one opposed to his convictions in medicine: "No careful observer of his actions, or candid reader of his writings, can hesitate for a moment to admit that he was a very extraordinary man—one whose name will descend to posterity as the exclusive excogitator and founder of an original system of medicine, as ingenious as many that preceded it, and destined probably, to be the remote, if not the immediate, cause of more important fundamental changes in the practice of the healing art than have resulted from any promulgated since the days of Galen himself. Hahnemann was undoubtedly a man of genius and a scholar; a man of indefatigable industry, of undaunted energy. In the history of medicine his name will appear in the same list with those of the greatest systematists and theorists; surpassed by few in the originality and ingenuity of his views, superior to most in having substantiated and carried out his doctrines into actual and most extensive practice."

What thought this wonderful man of the value of medicine in the days preceding the birth of the law of similars? It was because of serious illness in his own family when, uncertain as to the methods to be employed for their relief, he thus expressed himself: "Eight years of scrupulously careful practice have shown me the nothingness of ordinary curative means; my sad experience has taught me but too well what may be expected from the advice of the greatest men. However, it is, perhaps, in the very nature of medicine, as many great men have already said, to be unable to arrive to a very high degree of certainty."

In the middle of the last century Sir John Forbes thus wrote: "The same truth, as to the uncertainty of practical medicine generally, and the utter insufficiency of the ordinary evidence to establish the efficacy of many of our remedies, as was stated above, has almost always been attained to by philosophical physicians of experience in the course of long practice, and has resulted, in general, in a mild, tentative, or expectant mode of practice in their old age, whatever may have been the vigorous or heroic doings of their youth. Who among us, in fact, of any considerable experience, and who has thought somewhat as well as prescribed, but is ready to admit that, in a large proportion of the cases he treats, whether his practice, in individual instances, be directed by precept and example, by theory, by observation, by experiment, by habit, by accident, or by whatsoever principle of action —he has no positive proof, or rather no proof whatever, often indeed very little probability, that the remedies administered by him exert any beneficial influence over the disease? We often may hope, and frequently believe, and sometimes feel confident, that we do good, even in this class of cases; but the honest, philosophical thinker, the experienced, scientific observer, will hesitate, even in the best cases, ere he commit himself by

the positive assertion, that the good done has been done by him. When physicians of this stamp have met in consultation in any doubtful cases, and when they have chanced to be startled out of their conventionalities by the bold doubt, or bolder query, of some frank brother of the craft, has not the confession, like the confidence, been mutual?"

It was, then, following these years of skepticism and after years of careful, painstaking experiment, that Samuel Hahnemann gave to the world his principle of *similia similibus curentur*; and through all the years which have passed his followers have shown no abatement of their enthusiasm in their faith in this law of cure. You may, if you like, attribute to others priority in the thought of first ascertaining the effects of drugs on the human body before using them in disease, yet as Rutherford Russell has well said: "The inductive philosophy of Bacon and Hahnemann and the application of its truths were necessary to the establishment of this law." What is it to believe in a law and practice it? "To believe or not to believe in a philosophical point of view, and apart from the theological acceptation of the term, signifies to give or withhold one's approval after having fully and seriously examined every new idea that bears the stamp of truth."

To practice it presupposes a thorough knowledge of the subject and a careful following out of its principles. What, briefly, are the essentials of the law of cure, for such we deem it to be?

First. That every drug should be thoroughly tested upon the healthy human body, and that facts thus elicited shall be supplemented by further experiments upon animals, and also by the results of poisoning when that is possible.

Second. That the conditions thus occasioned are those which when present in diseased states will be cured by these same drugs.

Third. That the dose to accomplish this must be sufficiently minute to occasion no aggravation of the symptoms present.

What are the advantages to be gained from using drugs in this way?

(1) Simplicity in form and administration, the single remedy its natural corollary.

(2) Precision.

(3) It assists nature, does not thwart or check her, and thereby fulfils that most important essential of all cures.

You may naturally ask what is the basis of its action, and I can do no better than to quote from a recent article by Dr. Villechauvaix: "To explain homœopathic cures Hahnemann evolved a certain number of theories. At first he considered that the organism was much more sensitive to drug-action than to disease; that drug-action was absolute; disease action but relative. Then he concluded, that to induce a cure a slight aggravation

was essential. Later he argued that the drug-disease was substituted for the natural disease and in turn vanquished by the reactive powers of the organism. This is the 'substitution method,' borrowed by Trosseau from Hahnemann. These theories lack solid scientific foundation, and Hahnemann finally said that the law being an established fact, its explanation was of lesser moment. However, when this law shall be scientifically explained, homœopathy will become omnipotent in medicine and the most prejudiced mind will be forced to accept it."

I have purposely ignored certain features of homœopathy as not germane to the subject. That homœopathy is capable of curing *tuto cito et jucunde* is to us perfectly self-evident, but to the seeker after truth, this is a thing to be proven. As a recent editorial rightly has said: "'Drug giving may or may not be a permanent factor in the art of medicine; that is an open question we who are homœopathic specialists believe,and with the soundest reason, that it is a factor far yet from being outworn. Be that as it may, we repeat, drug giving is not synonymous with the art of medicine. It may rise or fall; the art of medicine only declines when the physicians' means of healing the sick decline in number or in power. Has this been the case in the last twenty years? Is there anyone who would seriously make a claim so instantly refutable? We need cite but a few shining instances in disproof. What of diphtheria, fatal twenty years ago, in from 40% to 60% of the cases attacked—today treated in hundreds of consecutive cases without a death? What of tuberculosis, whose mortality, in the city of Boston alone, has been reduced 50 % in the last quarter century? What of the once incurable headache, now easily diagnosed as due to eye-strain, and as easily cured? What of the innumerable hay fevers, reflex coughs and their kin, disappearing promptly after removal of nasal growths and hypertrophies? What of the regaining of lost nervous balance, under the various forms of rest cure? What of the once lethal cyclone of 'peritonitis' cases, today recognized and relieved as appendicitis? What of the vastly more intelligent treatment of anemia, possible on the knowledge obtainable by the 'laboratory student' of today as to whether the case be one of chlorosis, leukemia, or primary or secondary anemia? We surely need not multiply proof. Even superficial study of that already adduced must convince any impartial investigator that the art of healing—the only true synonym of the art of medicine is not declining, but progressing; and that, with beneficent speed."

Let us admit from the beginning that in the cure of the sick many influences must be considered.

(*a*) Natural history of morbid processes.

(*b*) The recuperative energies of the organism.

(*c*) The favorable agencies of hygiene.

(*d*) The power of personal magnetism in the practitioner.
(*e*) Suggestion and auto-suggestion.
(*f*) Faith.
(*g*) Courage.
(*h*) Drugs.

Here then is the problem which faces every fair-minded man, to apportion to each of these influences its due weight. It is not strange that there have been differences of opinion; no two cases are alike, as no two individuals are alike, and it does seem as though in certain carefully and well selected cases we should possess definite information as to how much or how little drugs are factors. It would not be difficult in functional diseases to determine this factor; but in self-limited diseases the problem is a different one. Homœopathy has won its successes in the treatment of epidemic disorders, and we point with pride to those statistics so long ago offered by Fleischman in the successful treatment of pneumonia. The time is coming and is not far distant when such tests of the remedial power of homœopathic drugs as shall silence all doubt will be made. It is the truth that we seek; self-deception must not longer rule us, and suffering humanity will be the gainer. The weakness of homœopathy lies in the crude and imperfect application of its principles, and in that most important defect, lack of entire faith in its adaptability. Polypharmacy in the minds of most of the new school is an anachronism, a thing not to be tolerated; and yet with us it is even now a menacing evil. This, gentlemen, is not homœopathy; give it some other name if you wish to adopt it; but leave to us the single remedy and the approval of an honest mind. As Dr. Elbridge C. Price has well said: "Do not forget, however, that since the days when Hahnemann wrote his 'Organon,' the world has progressed, arts have become more vital and effective, and the ever-multiplying branches of science have evolved into varied systems of learning of which the sages of the eighteenth century could have no conception. Do not forget that it is quite possible for many of the unessentials which have grown up beside the vital law, to be proven to be without foundation in fact, and that it is un-Hahnemannian in men of today to refuse to recognize the demonstrable facts of science. And finally, do not forget that nothing ever yet has modified in the slightest the truth of that eternal verity, the law of similars, and, to judge from the sublime verdict of the ages, nothing ever will. Its roots dip deep beneath the dust of remotest antiquity, and its branches reach out into the empyrean of coming time, bearing its leaves to all the ends of the earth for the healing of all the unborn nations of all futurity."

THE HOME TREATMENT OF PULMONARY CONSUMPTION.*

BY J. P. RAND, M.D., WORCESTER, MASS.

The advantages or disadvantages of the home treatment of pulmonary tuberculosis depend upon the location, the family, and the patient. In a farming community, a rural village, or even in certain sections of a great city, under proper medical direction a patient can be cared for just as well, perhaps better, than in a sanatorium. I said under proper medical direction. And this brings me to the first essential to the successful management of these cases, and that is an intelligent, tactful, enthusiastic physician. In the first stages of consumption the patient is apt to be discouraged and depressed. He goes from one physician to another until he finds one too ignorant to diagnose his trouble, or too dishonest to tell him the truth who informs him there is nothing the matter with his lungs, that his cough comes from a little bronchial irritation, his weakness from indigestion, and that there is really no necessity for him to change his occupation or mode of living to recover. That is the kind of a diagnosis he wants, and that is the kind of medical advice he is after; and the honest physician who could make an early diagnosis is discarded for the ignorant optimist, who could hardly distinguish an emphysema from a pleuritic effusion. Deceived by false promises the poor patient fritters away his opportunities for real improvement, and ere he is aware has reached the stage when an observing layman would recognize his disease.

My experience is that it is difficult to make a truly incipient case appreciate the gravity of his condition or the necessity of immediate and persistent treatment. Later on when no one but himself has any hopes of his recovery he will squander his strength and bankrupt his family in his mad chase for specifics, as advertised in his weekly newspaper. But patients are not all alike. The great "white plague" is no respecter of persons, and ape and scientist are both stricken with this disease. It requires some force for a patient with tuberculosis to make the necessary effort to recover. Many of them are anæmic women and nerveless men who know absolutely nothing of physical labor. There is not a single healthful occupation to which they can turn; and even if they could, they could earn but little by it. The stimulus of satisfactory wages that crowns the toil of the ordinary laborer is denied them, and when they are compelled to give up their previous and only means of livelihood they become completely discouraged. There is no doubt but the

*Read before the Rutland Clinical Club, at the Massachusetts State Sanatorium, Jan. 12, 1906.

discipline of honest poverty and compulsory out-of-door employment in early life paves the way to intelligent perseverance without which all treatment is likely to prove futile.

Having now an ideal physician, skilful, enthusiastic and courageous, and an ideal patient, intelligent, considerate, and presevering, you have the two essentials to successful home treatment.

We have learned much, very much, in regard to the treatment of tuberculosis in the past few years from the results of public and private sanatoria, especially in England and Germany. We have learned that fresh air is the *sine qua non,* and that drugs at best play but an inferior part in the treatment. We have learned that the best way to stamp out tuberculosis is by destroying the expectorations of the patient. Prevention is better than cure, even if a cure were always possible. The people are beginning to comprehend this, and the steadily decreasing death rate from tuberculosis in Massachusetts is a result.

Given a case of pulmonary disease in a private family, the physician should endeavor at the very start to find out if it be tuberculosis. This may be a very difficult, perhaps impossible, thing to do if no expectoration is present. But most patients have some expectoration, which, though it be watery and almost transparent, may be shown to contain bacilli in large numbers. The physical signs are always suggestive, even in the very early stages. I am speaking from my own observation, and the one upon which I lay especial importance is an actual rise of temperature in the afternoon. The morning temperature may be normal or subnormal, but if you get a rise of two or three degrees in the afternoon, you may be pretty positive that tubercular trouble is present. Then there is that delicate appearance that is hard to put into words: a rapid pulse, which becomes still more rapid before slight exertion; a fair skin with a tendency to perspire easily; a lustrous eye; a flushed cheek, even before the hectic fever of broken-down lung tissue has appeared; an irritable stomach; a capricious appetite, and withal a hacking cough, with or without expectoration. This is the picture of an incipient case, and it is then that treatment should be instituted.

Many physicians claim that an early hemorrhage is a good thing, as it puts the patient on his guard and frightens him into doing what otherwise he would not. My own observation is that an occasional hæmoptysis is not a bad symptom. Patients who have them get along full as well, perhaps better, than others who do not. But don't wait for a hemorrhage in your diagnosis or treatment. Whatever you may know, or not know about the physical examination of the chest, you surely cannot fail to observe the bodily temperature, the impaired digestion the

irritable pulse and the facial expression which is always more or less characteristic.

But my theme is on the treatment of consumption, and I am sure you will pardon these frequent diversions as to the etiology and diagnosis, for unless we know that we cannot make any very clear headway later. The treatment should be: first, preventive; second, curative, and third, when both have proved unavailing, palliative.

The preventive treatment of tuberculosis can be summed up in a single word: cleanliness. I do not wonder that the ancients were fire-worshippers. There surely is no germicide like it. In the case of tuberculosis the actual destruction of the tuberculous matter by fire means the end of contagion. No germ will stand fire, and it should be the habit of a tuberculous patent to destroy all of his expectorations by burning. Next to fire, water or some fluid antiseptic which will hold the bacilli confined until they can be destroyed outright is best. It is a good plan to use small bits of cloth or toilet paper to catch the expectorations and then burn at once. If this is not practicable drop them into some cuspidor or receptacle containing fluid and destroy them later. The paper spittoons supplied by our pharmacists are almost a necessity at home, as well as in hospital practices. For patients of sensitive habit, to whom the very thought of a spittoon is offensive, a hard rubber receptacle, like what is sometimes used to hold spools, or bits of waste in a sewing basket, can be substituted. This can be carried in the hand by the patient as she walks outdoors, and no one would ever suspect its contents.

This thought cannot be emphasized too strongly. The patient must not endanger himself by swallowing his sputa, and he must not endanger others by expectorating broadcast. I have no doubt that most cases of intestinal tuberculosis have their origin in the lungs. Teach the patient he must not infect or re-infect himself and he will be more likely to follow directions in regard to his expectorations. How filthy the sputum of a consumptive appears in the cuspidor. Call attention to the fact that the sputum in the cuspidor is just as clean as in the mouth, and you will create a wholesome disgust at swallowing it.

The destruction of the expectorations means the removal of the greatest source of infection. It is not the only one. Consumptives should not indulge in the habit of kissing or being kissed on the lips. They should not occupy the same bed with the healthy. They should not use the same eating utensils unless they are thoroughly boiled before being used by anyone else. I question the propriety of allowing books from our public libraries being taken by a consumptive who is known to be uncleanly in his habits. When a consumptive dies his room should be thoroughly disinfected.

So much for the destruction of the specific germ. Now for the patient. The way to escape bankruptcy is to be rich. The way to escape infection, especially that of tuberculosis, is to be well. Germs will not thrive on a person in vigorous health. I have often thought the best way to treat the lungs was through the organs of digestion. I do not mean by this stuffing the stomach with cough mixtures. Keep the stomach in fine working condition and Nature will oftentimes take care of the cough. I never knew a person to die from a cough while he was gaining in weight. The value of cod liver oil, apart from the trace of iodine it contains, is largely that of a food. But I have anticipated my subject. I was speaking of the preventive treatment of tuberculosis. It can be all summed up in a word—Destroy the germ; build up the general health. Upon these two things hang all the law and the prophets.

Out-of-door occupations are more healthful because they furnish physical exercise with abundance of pure air. Indoor occupations are injurious, because however well adapted the labor in itself is to the case, the patient is being constantly poisoned with air that is not pure. To exercise in close or ill-ventilated apartments is worse than no exercise at all. To increase the demand for air by physical exertion and supply the system with carbon dioxide, or "tissue sewer gas"—is not the best way to improve the health. The varied employments upon a farm, especially the care of horses, and working at the woodpile, are almost without exception healthful. The reason why so many farmers break down, and some even from tuberculosis—is not that the work is unhealthful, but that it is terribly overdone. In this age of short hours, when artisan and mechanic are striking for eight hours or less, the farmer who supplies you with milk is working sixteen hours or more. To get up at four o'clock in the morning and work until eight at night is not conducive to longevity or robust health. The overworked should be instructed to rest, and the indolent should be encouraged to work. It is better to work for an object than simply for the exercise. I have a consumptive patient who every morning goes to the postoffice and walks a full half-mile to carry her husband's mail to him at his place of business, simply for her health. She could walk the same distance without an errand, but it would do her less good. Sick or well, the best incentive to honest effort is to see something done. Labor without such an incentive becomes monotonous, perhaps even harmful.

Home gymnastics, especially chests weights are admirable to develop the intercostal and extracostal muscles of the chest. When you have increased the tonicity of the respiratory muscles you have increased the power of expansion, and that means deeper inspiration and increased vital capacity. These

physical exercises of which I am speaking are both prophylactic and curative. Indeed, it is impossible to draw the line where one leaves off and the other begins. In a general way, however, we will say that in cases of tuberculosis accompanied by fever, active physical exercise should be discontinued. These patients can sit or recline in the open air all day and sleep with the windows open all night with actual benefit. It is strange that people are so terribly afraid of a little out-of-door air after the sun goes down. If it were something new we should lay it to the *mosquito-phobia* with which we have been recently infected. We speak of the dangers of night air! What are we going to breathe after dark? Sam Jones used to say, "stagnation is next to damnation," and surely the stagnant air of a stifled bed chamber is about as near pulmonary damnation as anything you can name it. The late Austin Flint was wont to prescribe an ocean voyage for consumptive patients, by sending them off on a sailing vessel to be gone for months together and made some excellent recoveries. I am not at all sure but that some day a "hospital ship" will take the place of some of our public sanatoria.

The medical treatment of pulmonary consumption is like that of any other malady. There are no specifics. The man who studies his cases best and prescribes for the various conditions as they arise, will get the best results. Of course, there is a great similarity among cases of this kind and our list of remedies for different patients will be very much alike. Cod liver oil was once considered as necessary to tuberculosis as antitoxine is now to diphtheria. Patients were compelled to take it whether the stomach would tolerate it or not. And yet some cases improved. Of late I only prescribe cod liver oil in cases that can take it readily, and those are not very numerous. I have gone through the list of emulsions and tasteless preparations again and again. The pure oil sometimes will do better than anything else, and there are very few who cannot take a preparation of malt and cod liver oil like that put up by Otis Clapp & Son at Boston. There is not much oil in this preparation, and its advantages lie in the fact that it satisfies the universal clamor for oil without nauseating the patient. Angier's Petroleum Emulsion I have used a good deal, but never with very decided results. Fellow's Compound Syrup of Hypophosphites is a very good tonic, and I have seen it do wonders in a few cases. I have had no actual experience with the different preparations of tuberculin, although I have observed the effects of the so-called "antiphthisic" as administered by others. Three years ago I had a patient far gone in consumption, who had taken her bed, and I did not think she would live but a few weeks. The parents had heard of the "Hoff cure" for consumption and desired, with my consent, to

try it. As I had nothing to promise them from my resources, it was done, with the result that she lived until March of the following year; surely nine months longer than I expected.

The iodide of arsenicum (2x) I have often found helpful. Calc. carb. (2x) I have used a good deal for the tubercular dyscrasia, as well as for the fully developed disease, especially if night sweats were present. As I said earlier, there are no specifics for pulmonary consumption; no medicated sprays; no hot or cold inhalations that are surely curative.

Patients who have run the gauntlet of them all at length reach a stage when all that their family or friends demand for them is relief and an easy death. Palliative treatment is here distinctly indicated. We can do something to smooth the decline and earn the gratitude of our despairing patient. The remedies like phos. and bryonia, which were helpful in the earlier stage of the disease, are still of service, and, in addition, tartar emetic in small doses to help the expectoration. Atropine sulp. (1-100 grain) will sometimes control the night sweats, and morphine will quiet the cough and check the diarrhœa. A consumptive patient does not require morphine until at the very last, and then only in small doses. One-eight of a grain will often keep the patient very comfortable for a full twenty-four hours. If that is not sufficient more should be given. The object is to *relieve* the patient, and in doing so we incidentally prolong his life. For the sore mouth the local application of glycerine and borax water is sometimes helpful. The non-poisonous antiseptics, so called, like listerine and glyco thymoline, are also useful. At the very last, heart tonics are indicated whenever the patient makes any unusual effort. Aromatic spirits of ammonia, nitroglycerine, and other stimulants, have a place here that is easily recognized. I had a consumptive patient once, who for twenty-eight days before his death took no nourishment of any kind but whiskey. He was a fellow who did not *object* to its use in *health*, and I am not sure but that he would be willing to be back again for that final drop of comfort.

I have had no experience with the administration of oxygen in the early or late stages of consumption. If oxygen is used I believe it should be diluted with pure air, instead of the poisonous nitrous oxide gas which is used in the so-called "compound oxygen."

There are no especial dangers connected with the dead body of a consumptive. The tubercular bacilli are then enclosed in the tissues and are not thrown off by coughing or the respiratory efforts as they are during life. It is a wise thing to boil the clothing and disinfect the apartments occupied by a consumptive after his decease. It is not so important, however, as to keep the patient's clothing clean and his apartments properly

ventilated during his life. A consumptive patient, especially at the last, is a constant menace to the public health, and for this reason I insist that the state should look after the incurable as well as the incipient cases.

FIRST REPORT, MEDICAL AND SURGICAL, OF THE EMERSON HOSPITAL.

BY NATHANIEL W. EMERSON, M. D.

The following report is offered of all the work done in the Emerson Hospital from the time of its opening, July 12, 1904, to Jan. 1, 1906. It is similar in character to the reports of my former services at the Homœopathic Hospital, which were published by me nearly every year, and is designed to serve the same purpose; that is, to be a frank exposition of work accomplished with actual results so far as they can be shown. Also, it is wished to put on record unusual and interesting cases.

No report ever published by me has possessed the same interest, for much of this work was done under difficult and adverse conditions, with inadequate and untrained assistants and under circumstances such that I had to be my own interne and orderly, besides general stop-gap at the hospital from cellar to attic. No one could do so much work under more adverse circumstances, and I take this opportunity to thank the many friends, who sent me their cases, for their support and patience while I was establishing adequate conditions for such serious undertakings.

Appendicitis

The accompanying report includes 88 cases of appendicitis of such a character that the condition of the appendix demanded the operation. Besides this, there were 85 other cases, representing a very great variety of conditions, from which the appendix was removed. Exception has been taken to classifying these latter cases under the heading of appendicitis, but were this report made up solely of appendicitis cases, these latter would be included, since the appendix was more or less affected in all of these cases and was removed. Statistics are very misleading, and a good interpreter of them can make them tell very different stories for different occasions. Statistics put forth as are these, however, should bear the light of closest scrutiny from all standpoints, and not be capable of too great a variety of interpretations. Were one reporting only appendicitis cases, and should he desire to make his report as favorable as possible, he could easily report the fatal cases under some other classification. Hence, it seems to me an entirely

proper thing in reporting any individual class of cases alone by itself, to include in that class all the cases which can be referred to it; then, if proper explanation accompany, there can be by no possibility any misunderstanding of what is meant. In this report the cases here classified as cases of appendicitis were such primarily, and where other organs were affected or manipulated, they were so treated because it was necessary, although in each case the condition of the appendix demanded the operation. In many of them the appendix was secondarily affected, as for instance in those where it was associated with pus tubes. Here the pus tube was the original offender, and the appendix was affected by reason of the primary difficulty, yet the condition of the appendix became such that it precipitated a crisis, and operation for the appendix was imperative. Of course, at the same time other defects were dealt with. The single case of acute appendicitis which died should have lived, and I believe the fault was mine that it did not.

Of the three cases of suppurative appendicitis which died, one was a child seven years old, who had had several previous attacks of pain and tenderness in the right side. The present attack began Monday night with vomiting and severe pain, and when she came to us on Wednesday the abdomen was much distended, rigid, and exquisitely tender. Her temperature was 104½, respiration above 50, and pulse 180; in fact so rapid that it was almost impossible to count, and we operated as a forlorn hope, but she died in less than twenty-four hours.

The second case was similar, except that the patient was twenty-four years old. The condition had been developing a week before we saw her. She first had pain and vomiting a week before, but went to work the next day in the morning, returning at noon feeling very sick, and had vomited every day since with great pain. Temperature was sub-normal and the pulse 180. The abdomen was rigid and tender and doughy, and she was in a most critical condition. Because I have seen a few such cases recover in a most miraculous manner after operation, I make it a rule to open if it is possible to do so. In this case the patient died two and a half hours after leaving the table.

The third case did not seem especially unfavorable at the time of the operation, although her condition was not good upon entrance. She failed, however, and died from a general abdominal sepsis.

Of the other suppurative cases, almost each one had points of special interest, and some of them seemed almost as hopeless as the ones with which we did not succeed.

Miss K. The history of this case previous to the operation was very peculiar and misleading. The principal symptom had been a violent, uncontrollable vomiting, such as I had never

seen before. The vomitus was submitted to me before I saw the patient, and it was composed largely of a mucus, brilliantly green in color. At first she was thought to be suffering from ptomaine poisoning, but this theory was abandoned because of the prominence assumed by the local abdominal symptoms. When I first saw her the whole abdomen was fixed and very tender, and the vaginal examination revealed a shortening of the vagina and a bulging downward of the vaginal vault. Upon opening the abdominal cavity it was found to be full of pus and the intestines covered with a thick membrane. The pus was odorless. The appendix was very violently inflamed but unruptured, and the tubes were also acutely inflamed and unruptured. The pus was thoroughly washed out and free drainage instituted, and she responded finely, passing gas spontaneously the evening of the day of operation. The discharge was very free and she made good progress for about two weeks, when she began to complain of pain high up in the right side, and vomiting again came on. This continued for several days, when the pain was localized high up under the liver on the right side, and a circumscribed dullness could be mapped out. She was anesthetized and an opening made outside of the rectus muscle just below the ribs into an abscess cavity which was evacuated and drained. From this time on her recovery was slow but satisfactory. The exact nature of the infection here was never determined, and while the symptoms from the appendix demanded the operation, I have never been wholly satisfied that the appendix was the original offender.

Miss M. M. (fourteen years old). About five months previous to the entrance of this case to the hospital she had had an attack of vomiting lasting a day, but no pain. Had been well following this until about five weeks ago, when she began with vomiting and pain all over the abdomen, paroxysmal at first, then more continuous. The vomiting lasted for several days. The bowels were sluggish and full, and it required considerable attention to get them thoroughly emptied. She was better then for a few days, but soon grew worse again, and now, at time of entrance, the pain was very severe and in the right side extending to the left. She had lost weight and was very pale. Examination showed the lower abdomen to be occupied by a hard, sensitive, fixed mass reaching half way to the umbilicus. The appendix was the point of greatest sensitiveness. On admission her temperature was normal and pulse about 88. The opening into the abdomen showed a dense mass of agglutinated intestines filling the pelvis and the lower abdomen, out of which an acutely inflamed appendix was dug. The right tube was also badly inflamed, and the right ovary a mass of cysts;—these were taken away and free drainage instituted. She vomited for several days, occasionally, after the operation.

The discharge was quite free at first, but non-odorous, and at no time did she develop any temperature. This patient made a most excellent recovery, but I am not satisfied as to what form of infection there was, or whence it came.

Mrs. J. H. C. (fifty-six years old). This was a remarkable case because of the complications due to an acute appendix which had gone on to rupture. Four years ago it was known that this patient had an ovarian cyst. The fact that menses had continued with more or less regularity indicated that there was something wrong. She had been seventeen weeks once without menses, which was the longest interval. From the beginning of the attack she had been in a serious condition, had fainted at times, and had most severe pain with frequent vomiting and a general peronitis which was very apparent at the time of my first visit on the eighth day of the attack. The pain and tenderness were more marked in the right side, although there was a large cyst filling the whole lower abdomen. At the time of entering the hospital her temperature was 102 and pulse 110, and her condition was serious. When the abdomen was opened an ovarian cyst of the right side which reached above the umbilicus was found covered with pus, actually bathed in it. The appendix was ruptured, and the right half of the lower abdomen was full of a most foul and characteristic pus. This was removed, the site of the appendix found and dealt with, and then attention was turned to the cyst. It was most densely adherent in the left side of the pelvis, but was finally enucleated, although the patient was in a very desperate condition. Free drainage was instituted, and while her recovery was slow and retarded, it was nevertheless remarkable. This was a case which illustrates the unreasonableness of delaying an operation under such circumstances. Had this cyst been removed at any time during the several years after its discovery and before the crisis came, the appendix would undoubtedly have been found affected and removed also, and the whole thing would have been, by comparison, simple; but the appendix finally broke down and precipitated a crisis so severe that one is lost in wonder that the patient lives.

One cannot too often or too urgently repeat what has been said about appendicitis. Every case in this report with one exception with which we had a difficult time was a neglected case, and a detailed report of each one would hardly give an idea of what those difficulties were, and how narrow was the escape of many of them. Apart from this, a considerable number of the acute cases were operated just in the nick of time to save them from becoming gangrenous. No operative cases give more remarkable, immediate, and positive results than do these cases of acute appendicitis. Many times improvement is perceptible before the operation is finished, and frequently over

night the condition is changed from one of exceeding danger to comfort and practical convalescence. Repeated mild attacks are undoubtedly positive indications for interference, for almost every suppurative case shows in its history at least one (and usually more than one) of these comparatively mild attacks. After an acute attack has subsided, even if it is the first one, if tenderness in the right side with occasional colic persists, such a case should be carefully investigated with a view to operation by an expert.

The claim that appendicitis can be cured by medicine alone in the face of the testimony of thousands of competent and honest operators is puerile, and it is difficult to understand how such claims can be treated with respect and seriousness. Those who make them say in effect that their knowledge is superior to that of at least nine-tenths of all other observers, many of whom have abundant opportunities to see what is going on at all stages of an attack of appendicitis. I yield to no man in the purity of the homœopathy I believe in and practice, but to claim that homœopathic remedies or any internal medication can cure appendicitis in all cases, and that it is never necessary to operate reveals a wanton ignorance of the subject, and is the mark of a mind which refuses to see.

Myomata Uteri

Mrs. ——.(sixty-six years old). Mother of two children. Had been well up to four years ago, when she had had an attack of enterocolitis. Has had more or less trouble ever since. Worse in the winter, but better in the summer. Urine scanty. During an attack of grippe the previous winter suffered much from sciatica on both sides. Has also had some facial neuralgia. For the last three or four years has thought that she had a dilated rectum. Has had to support the parts about the rectum in order to obtain a movement. Is constipated. Following the sciatica there was much soreness in the left side through the pelvis. Since this time has had much mucus come from the rectum; at times mucous casts from the rectum. The abdomen was sensitive, markedly so over the transverse and descending colon. Examination showed that she was especially sensitive through the left side and lower abdomen. Through the vagina a stony-like mass, which was hard and irregular, could be felt behind the uterus. This was very sensitive on the left side, slightly movable, and careful palpation showed that this growth lay between the rectum and uterus. It had pressed so low in the pelvis that the rectum and upper portion of the vagina were separated by it. A cautious diagnosis was given with the statement that it was probable carcinoma, and an operation advised. Upon opening the abdomen a large flabby

uterus was discovered, behind which, in Douglas's Pouch, was a hard mass buried in dense adhesions. It was found very difficult to separate down to this stony-like tumor, because of its intimate adherence to surrounding tissues. When it was reached it was found to be like a stone in consistency, and as large as a good sized orange. In order to remove it, it had to be forcibly stripped out of its bed, much care being used in separating it from the rectum that the latter should not be opened. The uterus was amputated at the level of the internal os. This patient's recovery was very slow and unsatisfactory for a long time, but at this writing (one year after the operation) her condition is more gratifying, and she continues to improve. There was great mental derangement following the removal of the tumor, which proved to be a calcified myoma, and I have no doubt that the colitis from which she had been suffering for about four years was entirely secondary to this growth.

Another case of unusual character was Mrs. ——. This case is included here although the myoma was a complication rather than the cause of the crisis. Nearly two years ago she began to have trouble with the rectum, although she had been constipated for years. Menstruation had been regular. A year ago she first saw shreds of membrane in stool but thought it came from the vagina. Until recently a cup of coffee in the morning always resulted in a good stool, but last summer constipation became obstinate in spite of coffee. In August with the escape of flatus came much blood and mucus. Following this there was much trouble in the rectum, with a great deal of pain from flatus, and during the last two months both pain and discharge from the rectum have been worse. There was not a bloody discharge every day, although it was frequent, and after a stool she was fearfully exhausted. Movements of the bowels became more and more difficult. Menstrual flow has always been very profuse. An examination showed an occluding mass high up in the rectum just beyond the reach of the finger, and movable. Also a fibroid of the uterus nearly filling the pelvis. Immediate operation was advised, but it was somewhat of a problem to determine the best method of procedure. The growth was too high to be dealt with through the rectum. Under any circumstances which I have seen, I am opposed to a Kraske operation. To attempt removal through the abdomen would necessitate the removal of the fibroid in order to gain access to the pelvis. No matter what was undertaken, it seemed necessary to get the fibroid out of the way in order to give room for manipulation of the intestinal growth. It was therefore determined to make an hysterectomy through the vagina, and then split the posterior wall of the vagina the whole length, beginning above, downward, and attempt to enucleate the rectal growth through the vagina. The operation

was carried out in this order. The vaginal hysterectomy was simple and uncomplicated. Before closing the top of the vagina, the posterior vaginal wall was split from above, down. This gave access to the growth in the rectum, which was enucleated by blunt dissection until it was entirely separated in its whole circumference. The bowel both above and below the diseased area was separated in like manner, and sufficiently far so that a clear line of incision in non-affected tissue both above and below the growth could be obtained. After the enucleation was complete, the growth was excised above the sphincter muscle, yet sufficiently below the diseased area to insure an incision of the whole circumference of the bowel in healthy tissue. Traction was then made to bring down the bowel from above, when a like incision was made above the diseased area. After the growth was cut away, there was some doubt about the incision having been made in healthy tissue, and a further section of the bowel half an inch in length was made. Then an end to end anastomosis was undertaken with fair success, there being no undue tension upon the line of suture. After this the posterior line of of the vagina was closed as well as the top of it, free drainage being instituted below. The operation was long and tedious, taking over three hours for its completion. Considerable blood was necessarily lost and the patient was put to bed fearfully shocked and bled out, with a pulse of about 120. She rallied remarkably, however, suffered more than the usual amount of pain following an abdominal operation, but in about forty-eight hours passed gas naturally through the rectum, and within six hours more was passing it very freely, and from that time on she had no difficulty in expelling gas from the rectum. Everything went well until the seventh day, when some of the enema came back through the vagina. This was the first intimation we had that the whole thing had not healed by first intention, and very naturally it caused great anxiety as to what the outcome would be. For several days there was a slight fecal discharge through the vagina, although most of the bowel contents came through the anus proper. Sterile douches were given every three hours, and constant attention to cleanliness. The discharge lessened very rapidly, and a week later nothing from the rectum was coming through the vagina, nor has anything come since. The next stage was difficulty in obtaining any movement from the bowels, and at first the movements were very small. Improvement, however, was continuous, and the final outcome of the case has been most satisfactory. The pathological report classed the tissue removed as an adeno-carcinoma, and what was most satisfactory about it was that "sections of the mucosa at both ends of the intestines resected" showed "that no malignant process has yet

invaded those parts." I would lay emphasis upon the necessity in all these cases of going wide of a diseased area, if any promise of a permanent result is to be given.

Another case of special interest in this same connection was Miss B. M. P., aged fifty-five, who had been ailing for several months. Menstruation had never stopped, and for several months there had been a constant watery discharge. There had been a period of much abdominal pain, but none lately. She had lost both weight and strength, was constipated, but urination was normal, appetite good, and she slept well. Examination showed a freely movable tumor high in the abdomen as large as a child's head, and a diagnosis made of a myoma of the uterus, for which abdominal hysterectomy was advised, and accepted. When the operation was undertaken, it was quickly discovered that besides the uterus, there was a carcinoma of the rectum at the junction of the sigmoid. The tumor was removed with no unusual difficulty presenting, but the intestinal growth was much more difficult of manipulation. Enucleation of it was not wholly satisfactory, and considerable difficulty was found in bringing the ends of the intestine together so as to make an anastomosis without tension. She bore the operation very well, but her condition never became satisfactory, and she died on the fifth day.

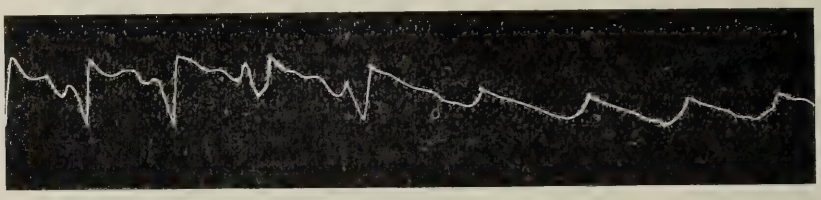
One could indulge in much speculation over a case of this kind but it would be fruitless. It is certainly one point more in the argument that all cases of fibroid should be studied most carefully. While in this case the uterus and tumor were free from any malignant invasion from the seat of the malignancy, it would seem a fair suggestion that the constant irritation of the tumor may have been a predisposing, if not an exciting, cause for such a growth to develop. Had this tumor been removed at an earlier date, the condition would certainly have been improved to such an extent that possibly, and I believe probably, that the growth of the intestine would not have occurred.

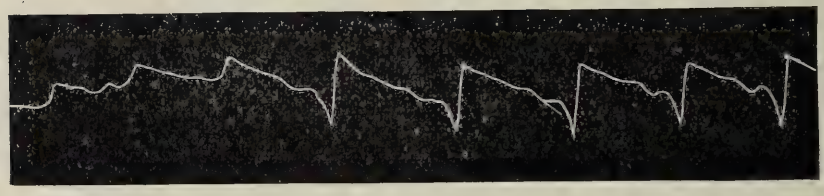
(*Continued in June.*)

THE SCALENUS ANTICUS AND THE RADIAL PULSE.

BY W. K. S. THOMAS, M.D.

The writer of this short paper has for some time noticed, first in regard to himself and subsequently in numerous others, that the character of the radial pulse is often affected by deep inspiration, especially if the inspiratory effort be forced and followed by a period of holding the breath. In such a case, the pulse beat at the wrist can be frequently stopped so as to be indistinguishable to the tactile sense from one or two pulsations to several in number. Of this fact, after a faithful study of the subject, there has been found no mention, and the explanations of the effect of inspiration upon the pulse have been intangible and far from satisfactory.



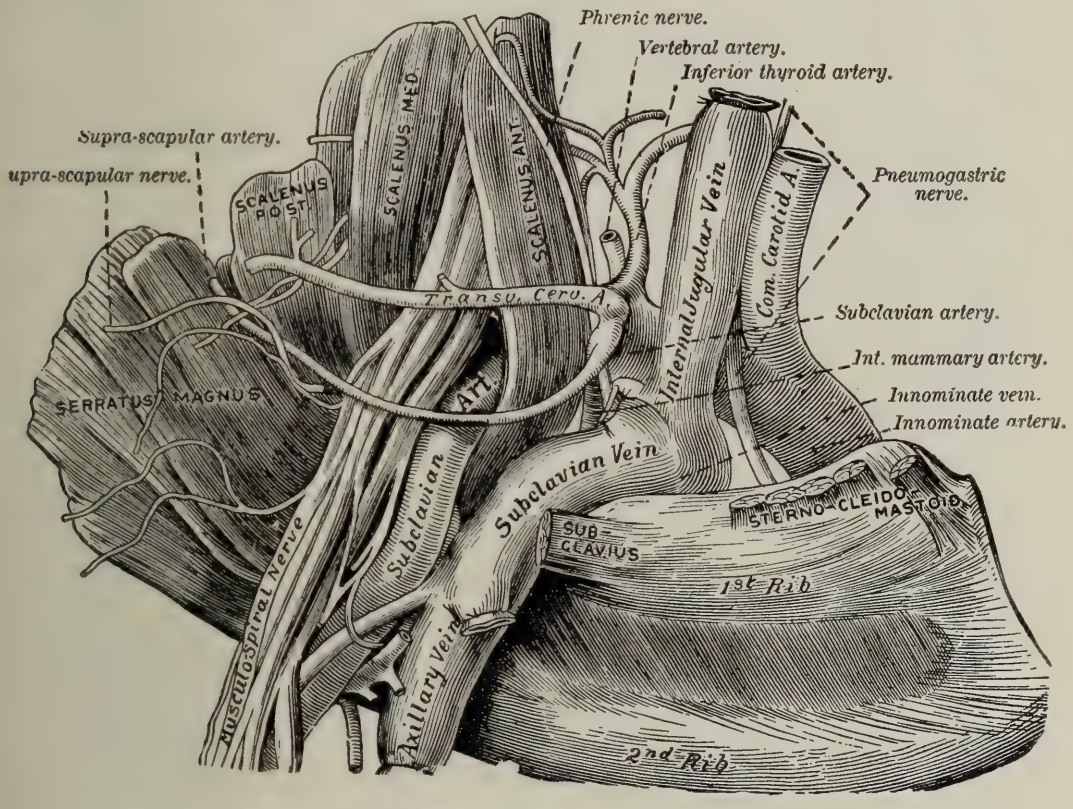


While assisting the demonstrator of anatomy in Boston University during the current winter, the writer has had ample opportunity to investigate the subject, and believes he can explain the raison d'être of this peculiarity by the following anatomical facts. First in order to prove that obstruction to the blood stream really does take place, the reader is asked to compare and note the similarity between the sphygmographic tracings herewith presented.

The tracing above illustrates the effect of an aneurysm of the brachial artery on the sphygmogram. An aneurysm, it is well known, acts as an obstructive element to the pulse wave,

in fact it is by causing a disparity in the strength of the beat at the wrists that gives us our chief clue to the situation.

The one below is a fair representative of many taken in pursuing this study. It will be seen here that the sharp upstroke is absent, thereby indicating a sluggish movement of the blood stream. To show how and why the current is retarded, the reader is once more asked to examine the enclosed cut from Gray's Anatomy.



It will be observed that the Scalenus Anticus muscle arising from the third to the sixth transverse cervical processes and inserting at the tubercle of the first rib, bows slightly forward to allow transmission to the Subclavian artery and the brachial plexus in front of the Scalenus Medius. These muscles, part of the accessory muscles of respiration, in anything stronger than normal breathing are brought into violent use. The Scalenus Anticus by this means, is straightened out, thereby causing the Subclavian artery to be compressed hard against the scalenus medius posteriorly.

The blood current is thus shut off in direct proportion to the muscular effort expended. Applying what we have seen above to our clinical observations, we can hope to explain satisfactorily why in cases of severe air hunger or dyspnœa the radial pulse would be varying and weak in quality and at the same time be not a true indication of the condition of the heart itself.

OSTEOPATHY.*

BY DOUGLAS GRAHAM, M.D., BOSTON, MASS.

An excellent masseuse from a neighboring city called on me a short time ago and said, "The doctors in our town will not recommend massage, and their patients who need it go to the osteopaths." The inevitable result of this is that when their patients are benefited, as they sometimes are, their physicians are denounced for a conservative lot of old fogies, who do not want their patients cured in any other way than by the use of drugs; whereas they might just as well have had the honor and glory of the cure by advising massage at the proper time and seeing that it was correctly done. But many times patients do not ask advice of their physicians about such matters, and when they receive no benefit or are injured, then they come back to the fold of their own good shepherd much better sheep than when they departed. Especially is this the case with many of the patients of the orthopedic surgeons, who often have their spinal columns yanked in a most unmerciful manner by the osteopaths, when they ought to be kept quiet, and then they return meeker than Moses, and require a much more prolonged course of immobilization. Indeed, I am not so sure but that some of my orthopedic friends are highly tickled over this, though they say not a word. But what shall we say of the physician who is so lacking in backbone as to quietly and placidly look on while his patient is being treated by an osteopath? Surely he ought to know that in some cases valuable time is being lost; in others, that his patient is liable to be injured. We are told everything that the osteopath does is scientific, very scientific. Some even claim that it is nothing but scientific massage. Unfortunately for the patient, it is too often *sigh-entific*. A few illustrative cases may be of interest:

Case 1. An elderly lady was brought to my office not long ago with a shoulder that had been deliberately, wilfully, and ignorantly sprained four months before by an osteopath who was giving her scientific movements for her general health. The osteopath who treated this patient was a member of the firm of the osteopathic college. The patient had the consent and approval of her physician to try osteopathy, though he knew of an excellent masseuse who had often helped him to get patients well. Both he and his patient are now well cured of osteopathy.

Case II. A patient of mine who had recovered to a wonderful extent from hemiplegia under massage and remedial exercises, hearing of the marvellous cures wrought by osteopathy thought he would like to try it to please his friends. He went to one distinguished osteopath, who set his bones for three-quarters of an hour every other day; to another afterward, who did

*Read before the Boston Homœopathic Medical Society.

the same thing for fifteen minutes every other day. After each *seance* he was so fatigued that when he got home he had to go to bed. After massage and exercises from me he was always refreshed and went away smiling.

Case III. A short time since there was under my care a very intelligent masseuse suffering from neurasthenia from overwork. The previous winter one of her patients wished to go to an osteopath. As she was herself suffering from a backache at the time, she thought she would be a John the Baptist and go and have her back osteopathicized in order to see if it were safe for her patient to go. This masseuse has a natural enlargement of one of her sacro-iliac articulations, which the osteopath said was out of joint and proceeded to replace it. She was in so much pain immediately after that her physician had to give her a hypodermic of morphia.

Case IV. A boy suffering from pseudo-muscular atrophy was brought to me for consultation. He had been getting along very nicely under gentle massage and passive motion, when his mother hearing of the wonders of osteopathy, decided to have it tried on him. At each "set-to" the osteopath turned over every rib in the boy! He was greatly exhausted after each time and grew rapidly worse.

Cases treated by osteopaths are continually being reported to me by physicians and other friends. A few of these might be of interest.

Case V. A patient suffering from curvature of the spinal column was treated by an osteopath, who attempted to correct the deformity. She has been paralyzed below the curvature ever since.

Case VI. A young woman with a lateral curvature of the spine high up went to an osteopath, who attempted to set the bones, since which she has suffered from paralysis of one arm.

Case VII. A neurasthenic patient wished to be treated osteopathically. The osteopath found what he thought was the cause of her trouble in a supposed dislocation of one of the cervical vertebræ. He turned her head sharply to one side and then gave it a sudden jerk to the other side. Ever since she has been unable to get up and walk on account of dizziness.

Case VIII. A lady fell and slightly injured her hip. A young osteopath who had just graduated pronounced it a dislocation, and at once gave it some "scientific" movements, and set it in the presence of a large number of people in the parlor of a hotel. The patient immediately got up and walked, amid the applause of the spectators. A surgeon who had been called arrived rather late on the scene, after the performance was over. He explained to the satisfaction of the assemblage and to the discomfiture of the osteopath the absurdity of the whole procedure. The patient took part in a dance the following evening.

Case IX. A patient suffering from involutional melancholia at the change of life was treated by an osteopath, who professed to have found the cause of her trouble in two abnormal curves of the spinal column and later to have cured them. Even though insane, the patient could not believe she had been cured of what she thought must be incurable in her spine because it had been there so long. She grew worse and had to be sent to a hospital for the insane.

Case X. A friend of mine had a patient suffering from pleurodynia. The doctor was obliged to be out of town for a time, and the patient sent for an osteopath, who rubbed and pounded and set his bones for an hour, and then gave him the battery. After letting the patient rest for a brief period, he repeated the operation. The doctor was sent for in a hurry when he got back, and found his patient black and blue and in a comatose condition.

The city editor of one of our large daily newspapers, who a short time ago was somewhat captivated by the brilliant reports of osteopathy, told me the other day that it would not take long before they ran themselves out, as they injured so many people. Distinguished lawyers and others similarly situated have said the same to me. But let us give the devils their dues. Among so many of them there must be some naturally good manipulattors, gifted with a little common sense, in spite of the absurd theories and practices that they have been taught, and who cannot fail to benefit the right sort of cases when they come to them, but woe betide the wrong sort of cases.

An argument frequently used by laymen in favor of osteopathy is that it is legalized in many of the states. Did any one ever yet hear of a bogus college that could not get a charter from a State legislature? Within a short distance from here we have the spectacle of a student who has not yet finished his course nor paid his dues, occupying the position of a full professor in an osteopathic college, A student in a Western osteopathic college, after having studied for fifteen months, was told that if he took five months' practice with one of their regular practitioners he would be allowed to graduate. He complied with their request, but was not allowed to graduate. He then started a college of his own and appointed himself Secretary, Treasurer, Dean, and Professor of Physiology, and graduated from his own college. Having fulfilled its mission on earth the college then ceased to exist. After this he got a bill put through the Legislature for the legalization of osteopathy. Smart fellows these, and the kind that the osteopaths make heroes of!*

In Missouri, where these Solons originated the Supreme Court has decided that osteopaths are not physicians and surgeons under the laws of that State, and if they pretend to treat dis-

*The Osteopathic Physician, page 9, Chicago, Illinois, April, 1904.

eases they must be held responsible for their acts. A case came to the Supreme Court from a lower Court, where a young girl, through her guardian, brought suit against one of the leaders of the School of Osteopathy for $10,000 damages for malpractice. She had been treated by him for hip-disease, and alleged that he had done her great harm. The Supreme Court held that the plaintiff was entitled to damages.*

Osteopathy is a word that has long been in use to signify disease of bone. It is the worst possible term that could have been cribbed for any form of manual treatment whatsoever. In the New York Medical Record of August 16th, 1879, I described all these fakirs before they were conceived or begotten and while as yet there were none of them. Here are the words: "In almost every city of the United States, and, indeed, of the whole civilized world there may be found individuals claiming mysterious and magical powers of curing disease, setting bones or relieving pain by the immediate application of their hands. Some of these boldly assert that their art, or want of art is a gift from Heaven, due to some unknown power which they call magnetism, while others designate it by some peculiar word ending with *pathy*, or cure; and it is often astonishing how much credit they get for their supposed genius by many of the most learned as well as by the most ignorant people.

"We never knew of an osteopath who ever heard of Hippocrates who lived about 400 years before the Christian era. If any of them ever did it is mighty sure that none of them ever read the following words of the Father of Medicine who said: 'That medicine hath of old both a principle and a discovered track, whereby in a long time many and fine discoveries have been discovered, and the rest will be discovered, if any one who is both competent and knows what hath been discovered, start from these data in the search. But whoever, rejecting these and despising all, shall undertake to search by a different track and in a different manner, and shall say that he hath discovered something will be deceived himself and will deceive others.' "

Osteopathy is nothing but a crude, rough, awkward sort of massage or movement done by people who know little or nothing about either, and who assume to know everything and who shut their eyes to all that has ever gone before them in the way of manual treatment. It is doubly true what Dr. John K. Mitchell says, "that if physicians had only been wide-awake to the value of massage in suitable cases, the osteopaths would never have had a chance." When osteopathy continues to thrive, it is time the general practitioner studied massage, so says the St. Louis Courier of Medicine.

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*N. Y. Medical Record, April 15th, 1905.

EDITORIAL.

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HOMŒOPATHIC PHYSICIAN.—A HOMOEOPATHIC PHYSICIAN IS ONE WHO ADDS TO HIS KNOWLEDGE OF MEDICINE A SPECIAL KNOWLEDGE OF HOMŒOPATHIC THERAPEUTICS AND OBSERVES THE LAW OF SIMILIA. All that pertains to the great field of medical learning is his, by tradition, by inheritance, by right.

A. I. H., E. H. Porter, M.D., Sec'y

"DRAWING NEARER TOGETHER,"

The above phrase is just now a very familiar one, and is frequently heard in comment by the laity upon the real or supposed attitude of the old or dominant school of medicine and the young "only a century-old," or specialist school known as the homœopathic. As is natural, the phrase is often used by those who know very little about the subject in hand in any of its phases Yet since such phrases are as straws blowing about, it is wise and interesting to take a glance at them and consider whence the wind comes, on which they blow.

The phrase, "Drawing Nearer Together," is a very definite one implying that two or more bodies are approaching along convergent lines. The rate of speed at which they are travelling, or whether or not they are moving at the same rate of speed, does not matter, and is not indicated by the phrase; neither is it of present moment how widely separated the bodies are, or what separated them, or what their respective sizes may be. From the standpoint of prognosis these and many other matters are worthy of consideration, but the idea conveyed by the phrase itself is simply that of two progressing bodies approaching each other.

Is the present often-heard application of the phrase a true one? Are the two medical schools moving along converging lines? In order to answer these questions one must be acquainted with the origin of the new school (homœopathic) and the reasons which led to its existence as a separate, independent and successful school; and also with the changes which have been wrought in both schools during the period of their separation.

A retrospective glance carries one back to the time when an unusually versatile and conscientious and well-educated physician, for no immoral or discreditable reason other than the possession of great originality and independence of thought was literally driven from place to place by what was practically a trades-union envy and persecution. In most countries the followers of this honest and wise physician, known, after the law he formulated, as homœopathists, have never been allowed, even up to the present day, a fair opportunity to demonstrate before the open tribunal of impartial science the truth or the falsity of their "exclusive dogma." Even under the free skies of this country, the followers of Hahnemann have often been made to feel the arrogant and heavy hand of the medical majority.

It may at once be conceded that Hahnemann did proclaim an "exclusive dogma." He did announce and believe (*vide* "Organon") that "It is only through homœopathy that Providence has vouchsafed to us the means of curing natural diseases * * * that "The only really salutary treatment is that of the homœopathic method. * * *" "Genuine, gentle cures are accomplished, as we have seen, only by the principle of homœopathy * * * because this curative method rests upon an eternal, infallible law of nature." "The true homœopathic method of cure is the only correct, the only direct, and the only possible means to be employed by human skill, as surely as it is possible to draw but one straight line between two given points." But let it never be forgotten in this connection, Hahnemann *was discussing the curability of disease conditions by means of drugs, and drugs only* when he formulated the preceding teachings. He was not referring to the hygienic and other methods employed in the healing of the sick, by himself or by others. He was speaking solely of the use of drugs in disease conditions; for this was the point in contention betwixt him and his colleagues. Very much time could be saved, a very much better understanding arrived at, if this one

point were once thoroughly understood by those who discuss this question; as apparently from Hahnemann's day to our own it never has been thoroughly understood. It has been claimed on the part of the older school, that Hahnemann taught and insisted that in drugs administered under the law of similars *lay the only hope for the cure of the sick.* On which it would naturally follow that whenever a homœopathist made use in his practice, of any other means for the healing of the sick than the administration of drugs under the law of similars, he was renegade to the teachings of Hahnemann, working under false pretences and stealing weapons from a rival's armory. The two schools can never really draw together till this nonsense is repudiated on both sides, and permanently. Hahnemann never taught that the administration of drugs under the law of similars is the *sole* means of healing the sick. He did claim that *when drugs are relied on to cure positively, genuinely and directly,* the law of similars is the physician's only and safest guide. But he employed and counselled a hygienic system much in advance of that of his day. He taught, (*vide* "Organon,") in connection with epidemic, infectious diseases, that, "if left to themselves, they will, within a limited period, terminate in recovery or death, as the case may be"; and when discussing chronic diseases, that many "unhealthy conditions like the above, will vanish of their own accord, under an improved mode of living * * *". Moreover, Hahnemann taught that the "physician should distinctly understand * * * what is curable in disease in general, and in each individual case in particular * * *" that is that all conditions and cases are not curable by the administration of medicines. He also taught (Section 4 "Organon") that the physician should *know the causes* that disturb health, that produce and maintain disease, and *how to remove them.* He also recommended the use of camphor *as a germicide* in the treatment of cholera, and not as a homœopathic remedy. (*Vide* "The Mode of Propagation of the Asiatic Cholera" in the "Lesser Writings.")

Hahnemann's knowledge and teachings also embraced the surgery of his day; and he gave surgery its due in Sections 13 and 29 of the "Organon" where he says, "Hence, disease (not subject to the manual skill of surgery) * * * is a non-entity * * * and "We have seen that every disease (not subject to surgery alone) is based upon * * * " etc. We have every reason, there-

fore, to believe and no reason whatever to doubt, that were Hahnemann living today, he would avail himself of anti-toxin, vibratory stimulation, electricity and every other modern therapeutic resource, gladly and openly, as do the immense majority of his followers.

Both schools contain physicians of equal thoroughness of scientific preparation, equal standards of ethics, equal social status, equal nobility of ideals. Both schools, apart from the one point of drug administration, employ every resource of the art of medicine with equal intelligence and equal catholicity, and equal candor and equal right. As regards the administration of drugs, for curative, not palliative or for other purpose, the homœopathist claims to practise under a special law or formula, and to practise with a success unattainable under any other. He asks no better than to be given opportunity, under strict and honest scientific observation, to prove patient for patient, the value of his law of drug administration against any other that may enter the lists; both administrators of drugs being given entirely equal liberty as to hygiene and adjuvant conditions. When this attitude is recognized and admitted by the old school as that of earnest and scientific men, then the two schools will be drawing nearer together.

A word as to the would-be reproach, that none of the advances of modern adjuvant medicine have originated with homœopathists. Homœopathists, as such, are therapeutic specialists; and their work has lain in effort to perfect their specialty. As well reproach the oculist or the obstetrician that none of his specialists has ever invented a leg-splint, as to reproach the therapeutic specialist that he has not made original discoveries along the lines of some other specialty.

This is the condition of the two schools' rapprochement. That the right of the homœopathist to follow his specialty be as cordially granted as the right of any other worker in any other field to follow his specialty. That the right of the homœopathist to reject as error what once was respected as truth is as natural and indisputable as that of the old school to reject the barbarities of venesection, thirst, and starvation. That the best good of the community is served by demanding the thorough educational equipment of the individual practitioner, and then by granting him the right of practising exactly according to his individual con-

viction. That the fine definition of a Homœopathic Physician adopted by the American Institute of Homœopathy be accepted in good faith, by the old school, as representing the legitimate attitude of the homœopathist. When these things are, the century-long contention of the schools will be at an end.

They are drawing together.

When these things come to be, they will have met.

A UNITED PROFESSION.

In his presidential address before the Homœopathic Medical Society of the State of New York, February 13, 1906, Dr. DeWitt G. Wilcox, of Buffalo, concerning a topic which just now is attracting a somewhat wide-spread attention, gave utterance to certain opinions that are worthy of a wider hearing than was vouchsafed them by an audience such as gathers at an annual meeting ever held of the largest state societies. It may be assumed that these opinions were not written in a light or frivolous mood; that they were not uttered as jests, but that they were spoken in sober and serious earnest, and represent the thoughts and firm convictions of one whose duty it was on such an occasion to give of his best thoughts and most matured judgment. Without comment other than general commendation, some of these opinions are given to our readers. They are clearly and tersely expressed and need no interpretation. It is enough to say the GAZETTE endorses them and bespeaks for them the thoughtful reception they merit.

"While we are as jealous of the good name and rights of the profession as our friends of the other school, we do not propose to sell our birthright for any pottage, short of that which means a fair recognition of the principles for which we have so long fought. Personally, I am strongly of the opinion that an ununited profession is the one remaining obstacle to achievements in medicine, such as the world has as not yet dreamed; and in the removal of that obstacle the medical profession will occupy a place in the hearts of the people and the estimation of the public far beyond that which it has ever dared hope to enjoy. And I am equally strong in my belief that such a union is about to take place; the advancement of the times demands it and we cannot hold it back. Hence, our obvious duty is to prepare ourselves to meet it. But that does not mean homœopathic annihilation by any means, It is unquestionably true that so far as we are concerned (as a school) there is not the slightest necessity of our amalgamating with any other medical body. We have our legal recognition, placing us upon a plane at par with all other physicians.

We have our colleges, hospitals, societies, asylums, specialists, and above all we have a clientele superior on an average to other schools. But notwithstanding all this, the advancement of the time, the evolution of thought, the education of the public demand that a factor so important to the health, happiness and longevity of the human race as the medical profession, shall lay aside its quibbles and differences, and unite upon the essentials, in order that the highest mark of scientific attainments shall be reached.

"So far as I am able to read the signs of the times, this demand for a united profession does not come alone from the dominant school but from an unbiased, intelligent, truth seeking public, which feels its dependence upon our united abilities; and unless we show a fair spirit of willingness to meet this demand at least half-way, we shall forfeit that modicum of public respect and generous recognition which we have ever received. * * *

"I know of no other way in which there can be medical union and complete amalgamation of the schools, except by some method whereby the members of the old school, either directly or by proxy, examine into the claims of homœopathy and make a public report. Never for a moment will we supinely and cringingly accept their proffered invitation to join them, however liberal their terms may be. If we become a part of the dominant school, then our *principles* must become a part of them. They cannot have us unless they show a willingness to at least investigate our claims for the law of similars. To become a part of them and have our beliefs ignored, ridiculed, or even graciously tolerated is the most ignominious form of surrender. Better by far proclaim publicly all disbelief in homœopathy and forever renounce the cause and join the ranks of the old school openhanded, than to try to make ourselves believe we have won, simply because they choose to lead us around by the halter of acquiescence and passive toleration. Until such time as we can oblige them to investigate our claims and report upon them, let us by all means maintain our independence in all lines. * * *"

GRADUATES OF HOMŒOPATHIC SCHOOLS AND STATE BOARD EXAMINATIONS.

The recent annual report of the New York State Board of Medical Examiners contains figures that should be of interest to every homœopathist. Since the establishment of the Board in 1890, over nine thousand applicants for license have been examined. The percentage of failures among the eclectics has been 30.6, among the "regulars" 19.9, and among the homœopaths 13.6. In other words, the homœopathists have had over

6 per cent more successful candidates than any other school, and less than one-half the number of failures experienced by the eclectics. This certainly is satisfactory evidence that the homœopathic medical schools are doing good and effective work and that their graduates are not of inferior attainments. Such statistics also should silence the pessimistic and all who may be inclined to announce the decadence of homœopathy.

BOSTON UNIVERSITY MEDICAL LIBRARY.

A library is a necessity alike to graduates and undergraduates. Unless both are students in the true sense of the word, keeping in touch with the world's progress, they will become near-sighted, narrow and incompetent.

Physicians gradually acquire an adequate working library, and yet even the best equipped often lack many volumes which the progressive man wishes to consult. Therefore a central library, containing the most important works for reference or reading, for the undergraduate, the general practitioner and the specialist would seem to be not only highly desirable, but also essential. It is even cause for surprise that nothing of this kind now exists for practitioners of homœopathy to parallel the Medical Library on the Fenway, Boston, for instance, which has long been of such great service to, and so convenient for, the allopaths of Boston and vicinity.

But it is certainly possible that a library of such a nature might be made available to homœopaths, and that, too, at comparatively small expense. Interest is even more needed than money; although interest should be productive of sufficient funds for such an undertaking. Boston University School of Medicine has the nucleus of what might easily prove to be to the profession at large, a most valuable collection of books and journals, and is especially rich in works on homœopathy and its materia medica. Our younger practitioners, especially, who have taken their degrees from Boston University, can testify to the assistance the College Library has been to them, and many of these physicians have expressed the wish that the privileges they enjoyed might still be theirs.

The use of the library by physicians would necessitate an appreciable increase in the expenditure for books. and it has been suggested that the most practicable way of providing for this would be for members of the profession to become subscribers at an annual fee of five dollars each, this entitling them to all the advantages and privileges now enjoyed by the students only. It is possible to devote to the library and reading room, whatever space in the College Building may be found necessary to

provide for the comfort and convenience of readers, and for the accessibility of the books.

The present librarian, Dr. Anna T. Lovering, is well qualified by years of experience in her present position, and by many more years of specializing along literary lines, especially in medicine to give material assistance to the profession which no one not a member of it, or familiar with its literature could give.

The library has nearly five thousand volumes on its shelves, and receives, as issued, a large number of the most important journals of both the dominant schools of practice. The number of books and journals could be largely increased.

The GAZETTE brings this matter to the attention of its readers, in the hope that they may express their opinions on such pertinent questions as the following: Do the homœopathic physicians of Boston and vicinity need a medical library? If so, shall they avail themselves of the College Library already in active and successful operation? And again, if so, what shall those who desire to make use of the library contribute annually towards its support? Under what conditions shall books and journals be loaned? At what hours, and during what months should the library be open?

Communications will be made welcome, and comments and suggestions are cordially invited.

ETIOLOGY OF SMALLPOX.

The work of Dr. Councilman and his associates in connection with small-pox has reached a temporary termination by the publication of the final results in a recent number of the *Journal of Medical Research.* Outsiders are now in a position to fairly examine the detailed accounts and accept or reject the conclusions therein reached. It will be remembered that in the Boston epidemic of 1901–02, much work was performed in the careful study of over fifty small-pox patients. Soon after a preliminary report was issued in which it was stated that a peculiar parasite called the Cytoryctes variolæ was the probable etiologic agent. As the disease is one to which the ordinary laboratory animals are not susceptible, and as the cases among human beings became very few, the earlier work was brought to a close. It is known that monkeys can contract the disease under certain circumstances. Therefore, for the proper investigation of these parasites, Drs. Brinkerhoff and Tyzzer were sent to the Philippine Islands where variola virus, vaccinia virus and monkeys could all be readily obtained. To summarize the results of their investigations, briefly, there are found, situated in the epithelial cells associated with the small- pox and the vaccinia lesions, definite extraneous

organisms. These structures vary somewhat in form, there being an evident developmental cycle from small, simple forms to larger, more complex ones which finally segment and form more small ones. In both vaccinia and variola these bodies are intracellular, but in variola another form is found, intra-nuclear, corresponding to a sporoblast producing spores. No nuclear material has yet been demonstrated in the bodies. That they are not degenerative forms, as some have claimed, seems assured. They occur in cells otherwise perfectly normal; they show progressive change from one form to another, and they have a distinct life cycle. As they are uniformly found in the small-pox lesions, as they are found in vaccinia after inoculation where they did not occur before, and as they are never found elsewhere, the conclusions of the investigators certainly seem justified. And so we may assume, apparently with all safety, that the cause of small-pox vaccinia has been discovered, and that that cause is the Cytoryctes variolæ.

OPEN LETTER.

THE AIMS AND CLAIMS OF THE MASSACHUSETTS HOMŒOPATHIC HOSPITAL.

W. WESSELHOEFT, M.D.

The history of the hospital affords abundant proof both of its usefulness and its vitality. This latter, however, does not rest only on the need for the existence of our institution. All hospitals are needed and all can be easily filled. The life and growth of our hospital rest in equal measure on the readiness with which it adapts its work to those new circumstances arising from the ever-changing demands of increasing knowledge, and on experience with the changed and changing views concerning the nature of disease and of remedial agencies.

The fact alone that fully two-thirds of all the cases treated to-day are surgical is sufficient evidence that both the Trustees and the Medical Board are alive to the purely practical and modern conception of disease as a material alteration of the organism to be met by material means and measures.

The further facts that the pathological department has attained to such prominence, indeed, such dominating influence by the high character of its laboratory work, and that all the specialties are fully recognized and represented, leave no room for doubt concerning this same adaptation to the

claims of modern conceptions regarding disease and treatment, conceptions which stand in direct opposition to the old dynamic views of purely immaterial changes calling mainly for medicinal and dynamic means for the restitution of health.

These are truisms representing facts patent to all not blinded by prejudice or obsolete traditions, and would call for no mention here but for the dangers to further therapeutic progress, and to the fundamental principles on which the hospital was founded from an undue swinging of the pendulum in the modern direction. That we could not live if we attempted to stem the tide of present-day research, thought and resources is plain but it is especially plain that we can not live if we capitulate absolutely to their postulates.

That dangers not to be underestimated are threatening from this direction is not to be denied, nor are we longer permitted to doubt that the time has arrived when we must prepare to face them squarely. The question to be met to-day is not whether we can conduct our hospital on modern principles, or whether we possess the confidence of the intelligent portion of the laity in a sufficient measure to command the support needed for the extension and prosperity of our institution. The issue still confronting us and pressing with increasing urgency from the progress in science is no other than the vital one of the measure of truth and inherent soundness of the principles on which we claim public support, that measure of truth and soundness which will enable them to stand against the dominant medical philosophy and the apparent force of modern experience.

If we look abroad we see no dangers menacing the stability of our position. Our institutions, our societies, our literature are more widespread and active than at any former period. Neither the rise of new "practices" or "sciences," so-called, popular or persuasive as they have been able to present themselves in their brief, mushroom existence, have checked our growth, nor have any new facts in science or new clinical experiences invalidated the scientific or practical status of our principles. In fact, no year passes that does not bring fresh evidence of the need and the duty laid upon us to stand our ground, narrower though this has come to be and changed in certain aspects. But the old questions remain unsolved and the old antagonisms, within and without, unreconciled by any degree of material success.

It is here that the remedy must be applied and a change

in our course resolved upon. But there must be no more theorizing, no more plausible deductions from scientific or other assumption, however supported by authority, and no more inductions from imperfectly observed facts. *There is but one course open to-day by which to establish the soundness of our principles, that of exact clinical observation, and this course can be followed nowhere save in a hospital like our own.*

Hitherto our convictions, our contentions and our claims for support have rested in part on theories of varying degrees of probability and in part on individual experience, as have all therapeutic principles throughout all medical history and as they continue to rest everywhere. Our most essential theories have remained unshaken by any argument our most earnest and enlightened opponents have been able to advance, and every man of experience and insight has found a measure of confidence in the efficacy of our remedies commensurate with his skill and judgment in their use. Beyond this point—the point at which all therapeutics halts—we have not progressed; yet beyond it, as the advocates of distinctive principles opposed to those entrenched in tradition and current authority, *we must progress* in order to demonstrate our right to live. But to live is to grow, and growth can come only from the accretion of new knowledge, the knowledge of indubitable facts.

To gain this knowledge a reform must set in, a reform in our hospital methods of clinical observation and record of a character to raise us above the present-day level of therapeutic research. To this end a well-considered series of observations should be set on foot along the lines of comparative therapeutics. The medical staff should consent to undertake, by the most careful prescribing, observation and record, to test the comparative efficacy of high attenuations administered on the accepted indications for their use; the efficacy of low attenuations administered on the indications resting on the science of pathology and the known effects of drugs derived from material doses; and the efficacy of non-medicinal therapeutics.

To carry out this course with the hope of reaching valid results the series of observations should be a long and uninterrupted one. Five years is a short time to collect the material for just conclusions, and the labor attending it cannot be other than most arduous. The question is, will the staff, as now organized, burden itself with this additional labor, the

labor of opening up a new field of progressive inquiry far beyond the aims and possibilities of all laboratory work, or for the current methods of clinical investigation in the character of the knowledge to be gained? To be effective the aim must be a broad one. In the end it should include inquiries into special therapeutic questions and force itself upon the consideration of the entire profession, even of those now most reluctant to depart from the easy paths of routine sanctioned by usage and high authority; of those who stand opposed to the search for therapeutic laws. W. W.

HOSPITAL BULLETIN.

GIFT FOR WALTHAM HOSPITAL...Mrs. Caroline Foster Stickney recently made a donation of $5,000 to Waltham Hospital for a free bed in memory of her late husband, Joseph Stickney.

VERMONT TUBERCULOSIS SANATORIUM...In pursuance of the plans formulated by Senator Redfield Proctor, the articles of incorporation of the Vermont Sanatorium have recently been filed with the secretary of state. The commission, upon which will devolve the work of arranging the many details for such an institution, includes many well-known citizens, and warrants the belief that the institution will be formed in such a way as to be of the greatest possible value to the sick.

GENEROUS GIFT FOR PHILADELPHIA CHILDREN...At the recent opening of the Widener Memorial Home for Crippled Children in Philadelphia, an institution founded by a gift of $2,000,000 from P. A. B. Widener, announcement was made of an additional donation from the same person of $3,000,000 as a permanent maintenance fund.

HOSPITAL FOR TUBERCULOSIS...The outlook for the proposed hospital for the treatment of tuberculosis seems brighter than it has for some time past. At the recent gathering in connection with the tuberculosis exhibit at the old Franklin schoolhouse, Mayor Fitzgerald is reported to have said that within the next few months it is expected that this hospital will be established.

The personnel of the Board of Trustees as recently announced in the daily press is as follows: John E Potts, Herbert F. Price, Dr. John F. O'Brien, Isabel Hymans, Elizabeth A. Power, Dr. James J. Minot, and Edward F. McSweeney. As there are at present over four thousand cases of consumption in the city, and sufficient accommodations for less than one-half of these, the early completion of such an institution will be of incalculable value to the citizens.

NEW MEXICO SANATORIUM...The Directors of the National Fraternal Sanatorium Association have taken possession of three thousand acres of land and a large hotel in New Mexico, where they plan to open a sanatorium in the interests of their various fraternal orders.

FRAMINGHAM NERVINE...We have received a neat and attractive little booklet from the Framingham Nervine, an institution under the direction of Ellen L. Keith, M.D., in Framingham Centre.

Lamont G. Burnham Ward...According to newspaper reports, the city government has decided to apply the Burnham fund of over $150,000 to the erection of a new ward for the Boston City Hospital. This fund was bequeathed by the late L. G. Burnham "to construct and equip upon the hospital grounds a building to be known as the Lamont G. Burnham Ward," for such uses and purposes as the trustees of said hospital shall in their discretion determine. It is intended to tear down one of the older wards and replace it by this new one.

Gift for Children's Hospital...Mr. J. D. Rockefeller has, according to newspaper report, offered $125,000 for a hospital for children suffering from tuberculosis, provided that a similar amount is raised by the New York Association for the control of tuberculosis. This hospital is to be located at the seaside.

New Home for Crippled Children...The trustees of the Massachusetts School and Home for Crippled and Deformed Children have recently purchased a tract of land, sixty-five acres in extent, in Canton, which they intend to make the site of a new school and home. This is within easy access of the street cars running from Boston to Canton, and is not far removed from the railway station. Plans for the construction of the institution are now in process of preparation, and will probably soon be submitted for approval.

New England Deaconess Hospital...During the past year this institution, having a capacity of fourteen beds, reports the treatment of 234 patients. Funds have been accumulating for some years and have now reached a sufficient amount to justify the commencement of a large hospital building to be situated at Longwood, not far removed from the Harvard Medical School. During the year also, over 20,000 calls have been made in the lowest parts of the city, and an incalculable amount of good has been rendered to those most needing it.

Appointments, Cumberland Hospital, Brooklyn, N. Y...We are indebted to Dr. P. R. Oeser, recently interne in the Cumberland Hospital for the following information concerning opportunities and duties of internes. Seven appointments are made, each covering a term of eighteen months, and are divided into the following three months' sessions:

1. Second assistant surgeon: Has charge of all surgical dressings in female wards, and gives the anæsthetic at all operations.

2. First assistant surgeon: Has charge of all surgical dressings in the male wards, and is second assistant at all operations.

3. House surgeon: Has charge of the entire surgical side of the house.

4. Ambulance and dispensary: Does all minor surgical operations requiring no anæsthetic; is subject to night emergency calls, accidents, injuries, and diseases of all kinds.

5. Assistant physician: Subject to night calls, night confinement cases, and assists in dispensary; has charge of medical histories.

6. House physician: Has charge of all medical and obstetric cases; does all prescribing, subject to change by direction of the visiting physician.

A diploma is granted at the end of the eighteen months' service.

The name of Dr. J. Herbert Moore was given by the Medical Board at its April meeting to the trustees of the Massachusetts Homœopathic Hospital as an appointment to the position of specialist in diseases of children. At the same meeting, Drs. E. C. Calderwood and W. S. K. Thomas were nominated as second assistant surgeons.

SOCIETY REPORTS.

MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY.

The sixty-sixth annual meeting of the Massachusetts Homœopathic Medical Society was held at Pilgrim Hall, 14 Beacon Street, on Tuesday evening, April 10, and Wednesday, April 11, 1906.

TUESDAY EVENING.

The meeting was called to order by the President, John K. Warren, M.D., and the evening devoted to the report of the committee on Diseases of Children, Grace E. Cross, M.D., chairman, as follows:

1. The Family Physician and the Child. Herbert E. Maynard, M.D. Discussion opened by Walter F. Adams, M.D.

2. The Specialist and the Child. Carroll C. Burpee, M.D. Discussion opened by A. Howard Powers, M.D.

3. The Future Ideal of Dentistry. Mary E. Allyne, D.D.S. Discussion opened by Lucy Appleton, M.D.

WEDNESDAY, APRIL 11, 1906, at 10.30 A.M.

Called to order by the President, John K. Warren, M.D.

Report of the committee on Clinical Medicine. Elmer H. Copeland, M.D., Chairman.

1. Medical Treatment of Diarrhœic Conditions. Grace Stevens, M.D. Discussion opened by Frank W. Patch, M.D.

2. Cancer Following Traumatism: Report of a Case. John P. Rand, M.D. Discussion opened by George R. Southwick, M.D.

3. Diet in Intestinal Diseases. Elwyn W. Capen, M.D. Discussion opened by Frederick B. Percy, M.D.

4. Causes and Diagnosis of Intestinal Obstruction. Robert F. Hovey, M.D. Discussion opened by Nathaniel W. Emerson, M.D.

5. Intestinal Irrigation in Diarrhœic Conditions. Elmer H. Copeland, M.D. Discussion opened by Frederick P. Batchelder, M.D.

At 12 M the records of the last meeting and of the Executive Committee meetings were read and approved.

The reports of the treasurer and auditor were read and approved.

Dr. Nathaniel R. Perkins, M.D., necrologist, reported the deaths of the following members: Alonzo L. Kennedy, M.D.; William L. Jackson, M.D.; Joseph W. Hayward, M.D.; George A. Tower, M.D.

The following officers were elected: President, John. H. Sherman, M.D., South Boston; Vice-Presidents, Elmer H. Copeland, M.D., Northampton. Frank W. Patch, M.D., Framingham; Recording Secretary, Thomas E. Chandler, M.D., Boston; Corresponding Secretary, Wesley T. Lee, M.D., Somerville; Treasurer, Thomas M. Strong, M.D., Boston; Librarian, Frank C. Richardson, M.D., Boston; Censors, Samuel H. Calderwood, M.D., Roxbury; Nathaniel W. Emerson, M.D., Boston; George F. Martin, M.D., Lowell; John P. Rand, M.D., Worcester; Sarah S. Windsor, M.D., Boston.

The following candidates for membership, approved by the Board of Censors, and recommended by the Executive Committee, were elected: Elwyn W. Capen, M.D., Monson; Dana F. Downing, M.D., Newton; Edward A. Miller, M.D., Natick; J. Holbrook Shaw, M.D., Plymouth.

1 P.M.: adjournment for lunch.

2 P.M.: Report of the Committee on Obstetrics. Henry E. Spalding, M.D., Chairman.

1. An Interesting Case of Twins. Carl Crisand, M.D. Discussion opened by Frank T. Harvey, M.D.

2. Diet in Gestation. J. Arnold Rockwell, M.D. Discussion opened by George H. Wilkins, M.D.

3. Clinical Report of Cases of Eclampsia. George H. Earl, M.D. Discussion opened by Edwin P. Ruggles, M.D., Caroline E. Hastings, M.D., and Geo. R. Southwick, M.D.

4 P.M. Report of the Committee on Insanity and Nervous Diseases. Henry I. Klopp, M.D., Chairman.

1. Accident Litigation—The Popular "Graft." Frank C. Richardson, M.D. Discussion by F. E. Allard, M.D.

2. Some Observations on Dementia Praecox. Solomon C. Fuller, M.D.

At 6 P.M. the scientific session was adjourned, and the members and guests assembled at Young's Hotel, where dinner was served, after which the President's address was delivered by the retiring President, John K. Warren, M.D

BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

The regular meeting of the Boston Homœopathic Medical Society was held Thursday evening, April 5, in the Natural History rooms. The meeting was called to order at eight o'clock, by the president, David W. Wells, M.D.

The records of the last meeting were read and approved.

Frederick M. Sears, M.D., Alice S. Woodman, M.D., and William K. Knowles, M.D., were proposed for membership.

E. S. Calderwood, M.D., J. Arthur Jones, M.D., and C. R. Thomas, M.D., were elected to membership.

SCIENTIFIC SESSION.

PROGRAM.

Glycosuria from a Medical Standpoint. Dr. S. H. Blodgett. Discussion by Dr. Nelson M. Wood.

Surgery and Surgical Complications of Diabetes. Dr. Chas. T. Howard.

Pathological Study of a few cases of Diabetes Mellitus, collected from the post-mortem records of the State Hospital at Westboro. Dr. Wm. W Coles. Discussion by Dr. George R. Southwick.

General discussion by Drs. Krauss, Fuller, Watters, and Bellows

Adjourned at 10 P.M.

B. T. LORING, *General Secretary.*

In the first part of the meeting, Dr. Klein reported an unusual case of corneal astigmatism, which was briefly discussed by Dr. Suffa.

Dr. Loring reported a peculiar case of dislocation of the head of the humerus into the axilla. After apparent reduction by extension no use of the arm was obtained, and upon X-ray examination the head of the humerus was found to be beneath the clavicle at the junction of the middle and outer thirds. As operation was refused, she returned home as she came.

The three papers on the program were given in immediate succession, and the discussion upon each reserved until their termination. This general discussion brought opinions upon the various points in the different papers from Drs. Southwick, Wood, Fuller, Krauss, Watters, Coles, and Blodgett.

On account of some misunderstanding, the caterer failed to put in an appearance, and the usual half-hour devoted to refreshments and social intercourse was omitted.

Special meeting of the Boston Homœopathic Medical Society, Saturday, April 21, 1906, at 12 M., at Boston University School of Medicine. The president, Dr. David W. Wells, in the chair.

Voted: That a committee be appointed for the purpose of soliciting funds for the relief of the physicians of San Francisco and vicinity.

Voted: That the sum of one hundred dollars be appropriated from the treasury of the Boston Society, and that the members of the Massachusetts Homœopathic Medical Society present heartily approve the appropriation of five hundred dollars from the treasury of the State Society, and that this statement be transmitted to the Executive Committee of the State Society before their meeting this evening.

The following resolution was unanimously adopted:

WHEREAS, Our medical brethren of San Francisco in common with their fellow citizens, have been overwhelmed by the greatest catastrophe in American history, and have thereby been rendered houseless, homeless, and destitute. Therefore, be it resolved,

THAT, we the members of the Boston Homœopathic Medical Society, and the Massachusetts Homœopathic Medical Society extend to them in their hour of need our heartfelt expressions of sympathy, and beg them to accept in a fraternal spirit the offering which we make with the earnest desire to help them out of their immediate distresses.

VOTED: That the Committee consist of the President, Secretary, and Treasurer, and three others to be appointed by the chair, to act in conjunction with a similar committee from the State Society, should they so desire.

Dr. Wells appointed Drs. Horace Packard, J. Herbert Moore, and Nelson M. Wood. Dr. Packard was elected treasurer.

Subscriptions of from $10 to $25, were made by some of the members present.

Adjourned at 1 P.M.

B. T. LORING, *Secretary.*

WESTERN MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY.

At the annual meeting of this society, held on March 21, in Springfield, the following officers were elected: President, R. F. Hovey, M.D.; first vice-president, E. P. Bixby, M.D.; second vice-president, H. C. Cheeny, M.D.; secretary and treasurer, J. B. Comins, M.D.; censors, O. W. Roberts, M.D.; George Rhoads, M.D., and A. M. Cushing, M.D.

CAMBRIDGE HOMŒOPATHIC MEDICAL SOCIETY.

The Society held its monthly meeting on April 9 at the office of Dr. Herbert A. Chase. A general discussion of the homœopathic attitude towards the advances of the "regular" school of practice was followed by an excellent paper by Dr. Walter Wesselhoeft on the same subject. It was voted that this paper be read at the meeting of the State Society under the department of "new business," as it represented a subject of vast interest to the profession in general and the younger homœopaths in particular.

It was most gratifying to note the general harmony of those present on this question of independence, until such time as a general recognition of the value of homœopathy and the position which Samuel Hahnemann should hold with other great medical reformers.

OBITUARY.

DR. FRANCIS BRICK.

Dr. Francis Brick, one of the oldest physicians of Worcester, Mass., died at his home on the fourteenth of March, after a brief illness. His age was within a few days of sixty-eight years. He had not been in good health for several weeks, and was stricken with apoplexy early in the morning of the fourteenth. For more than thirty years Dr. Brick had practiced medicine in Worcester, and he was a well-known homœopathist. He was born in Gardner, Mass., March 16, 1838. He was of English ancestry

dating back to 1640. His great grandfather, Jonas Brick, served throughout the Revoluntionary War as one of the struggling colonists. Another great grandfather, David Comee, was in the battles of Lexington and Concord. The family name was Breck, the old name being changed in the spelling over a century ago.

Dr. Brick graduated from the Cleveland Homœopathic College in 1861, and immediately settled in Winchester, New Hampshire. In 1864 he removed to Keene, New Hampshire, and in June, 1875, to Worcester, Mass., where he continuously practiced his profession. Dr. Brick was an active member of the local, state and national medical societies, and was interested in the work of the Worcester Dispensary and Hospital Association.

June 3, 1862, Dr. Brick married Miss Helen F. Gould, who, with his son, Lu Gould Brick, survives him.

Dr. G. E. E. Sparhawk.

Dr. G. E. E. Sparhawk, probably the most widely known homœopathic physician in Vermont, died at his home in Burlington Vermont, on March 14, after a year's illness. Early last November Dr. Sparhawk fell down stairs, and the shock of that accident increased his systemic weakness and prostration so that he steadily declined until the end.

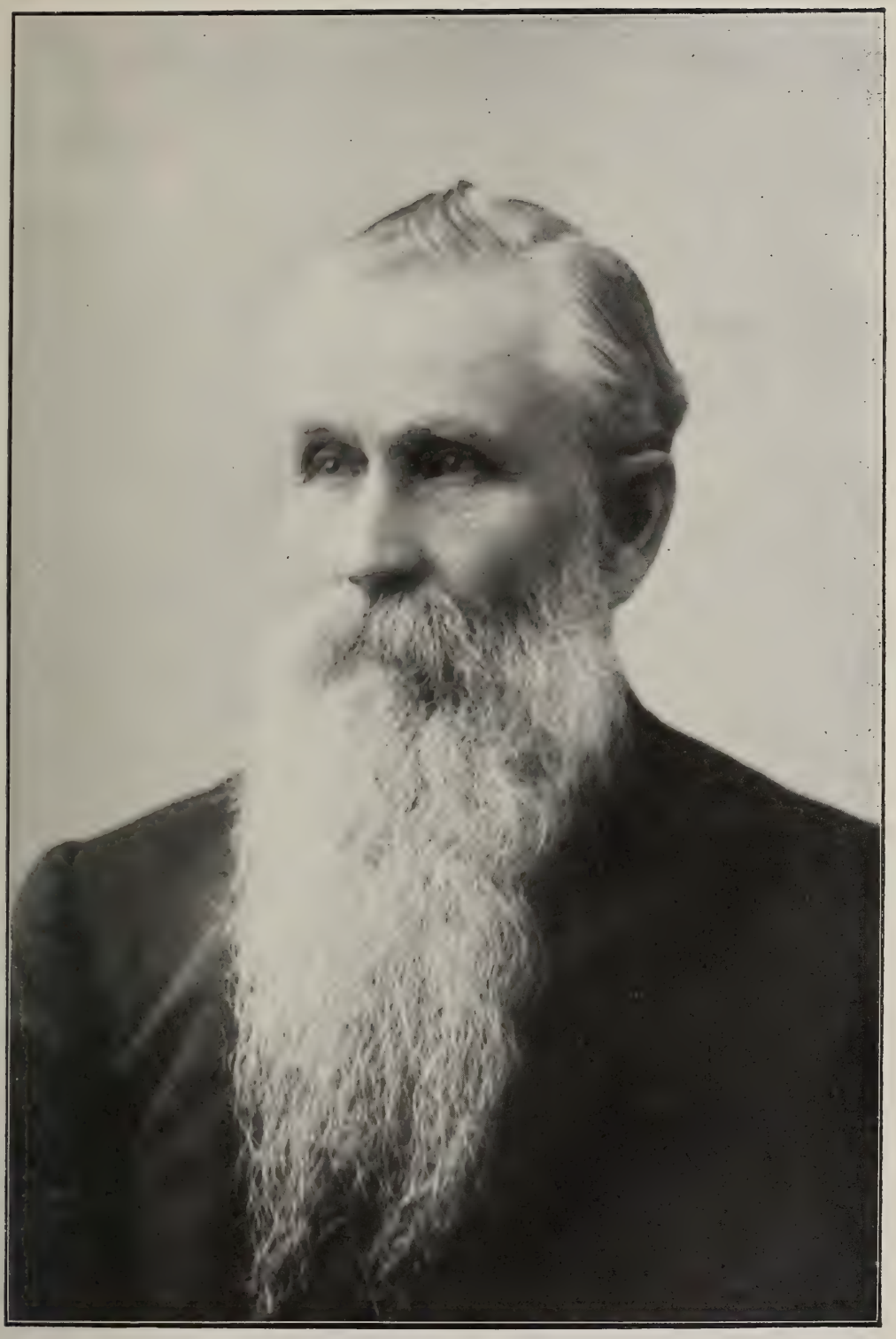
Dr. Sparhawk had just completed his seventy-seventh year, having been born in Rochester Vt., Feb. 15, 1829, a son of the Rev. Samuel Sparhawk. He acquired his early education in the Orange county grammar school at Randolph, Vermont, and the training received there was supplemented by a course of study in West Randolph Academy, from which he graduated with the class of 1850. While obtaining his education, he spent a portion of the time teaching school. After studying three years with Dr. Gibson of Sharon, he entered the Vermont Medical College at Woodstock. Later he studied with Dr. William F. Guernsey of Philadelphia and in 1853 graduated from the Hahnemann Homœopathic Medical College at Philadelphia. This institution was at that time the only homœopathic college in the world. Dr. Sparhawk stood fifth in his class.

He immediately formed a partnership with Dr. H. W. Hamilton and commenced the practice of his profession in Rochester. He was the pioneer of the "new school," as homœopathy was then called, and for many years was the only physician of the homœopathic persuasion in Vermont. Like any exponent of a new science, Dr. Sparhawk met with much opposition but the excellent results which he obtained in cases of a most serious character attracted the attention and finally the recognition of some of the most learned members of the medical profession.

In 1856 Dr. Sparhawk located in West Randolph and after the death of his first wife in 1858 removed to Gaysville, where he remained until November, 1878, when he went to Burlington. He at once acquired an extensive practice in that city and his services came often to be sought in cases of the gravest character where the best medical skill is required.

In 1886, he began the construction of the buildings which in 1887 were opened as the Sparhawk sanitarium. This institution was under the direct supervision of Dr. Sparhawk until 1893, when his son, Dr. Sam Sparhawk, became associated with him. The father and son continued to conduct the sanitarium jointly until 1899, when Dr. Sam Sparhawk, the present proprietor, assumed entire responsibility. Since retiring from active participation in the conduct of the sanitarium, Dr. Sparhawk, who was always fond of farming, devoted himself mainly to his agricultural interests.

Dr. Sparhawk aided in founding the Vermont Homœopathic society in 1854, and it was largely through his instrumentality that the charter was obtained in 1858. In 1859 he became a member of the American Institute of Homœopathy and in 1884 joined the American Obstetrical society. He was a charter member of White River Lodge, No. 90, Free and Accepted Masons of Bethel. In politics he was a republican and in religion a Congregationalist.



Dr. G. E. E. Sparhawk.

On March 4, 1854, Dr. Sparhawk married Miss Lucy Ann Griswold of Randolph. Her death occurred Dec. 2, 1858. In 1867 he married Miss Mary A. Hendee of Pittsford and she with one son, Dr. Sam Sparhawk, survives him.

BOOK REVIEWS.

Medical, literary and scientific publications will be reviewed in this department. Books and journals should be marked NEW ENGLAND MEDICAL GAZETTE, and sent to 80 E. Concord St., Boston.

A Text-Book of Human Anatomy. By Henry Gray, F.R.S. New American from the Fifteenth English edition. Thoroughly revised and largely re-written by J. Chalmers Da Costa, M.D., Professor of Surgery in Jefferson Medical College, Philadelphia, with the collaboration of a corps of specially trained assistants. Lea Bros. & Co.

No modern medical text-book has been as widely used as Gray's Anatomy, and there is none better known. And yet in order to include the anatomical knowledge acquired during the last quarter of a century the "Gray" of to-day presents many features not found in the editions of two or three decades ago. In size alone this difference and growth are shown; for, thirty-six years ago, in 1870, the fifth edition contained 876 pages with 462 illustrations. In 1896, ten years ago, the thirteenth edition contained 1,249 pages with 772 illustrations. This latest edition contains 1,600 pages and 1,132 illustrations, many of which are colored. Notwithstanding the fact that this edition has double the number of pages and two and a half times as many illustrations as are found in that of 1870, its bulk is not much greater; the clearness, conciseness and simplicity of style have been maintained, and the book is destined to retain its hold upon the confidence and affection of the profession. As the editor of this latest revision the publishers fortunately secured the services of a well known anatomist, an able surgeon and an experienced teacher, Professor John Chalmers Da Costa whose recognized qualifications were all needed on so important a task as revising "Gray." To attempt a critical review of such a work would be presumptuous, since it represents the world's best knowledge of things anatomical, but attention may be directed to a few characteristic features of the edition. Many references to American, English, French, and German authorities are found scattered throughout the book, both in the text and among the illustrations, due credit being frankly given. In the preface one reads: "No single volume can nowadays offer adequate instruction on anatomy, histology, and embryology, and to attempt it would be unwise." Histology and embryology, however, are not omitted, but are incorporated in, or precede, the various sections of the work, as on bones, the nervous system, the special sense organs, the digestive organs, etc., where one finds as much histology and embryology as was included in the independent sections on these important and indispensable subjects in the recent editions. Special mention should be made of the articles on the Special Sense Organs which have never been so satisfactorily treated before by "Gray;" and the same may be said of the section on the Lymphatic System, to which over forty pages are devoted and which contains numerous very graphic illustrations. On the Heart and Pericardium the text has been carefully revised, the chapter covering twenty-seven pages and presenting some new and exceptionally fine illustrations. One cannot but be pleased with the section on the Brain and Nervous System, which includes histology, embryology and descriptive text, with many new illustrations covering a total of 270 pages. The hypercritical might, with some justice, take exception to the chapter on the Female Genitalia, which is inadequate and not up to the standard set by the rest of the work. The new nomenclature is used throughout the book, in parentheses, following the current nomenclature, thus serving the needs of the scientific student of anatomy of any nationality. The press work is simply of the very best

as it should be for a work of such acknowledged value to students and practitioners of medicine.

Case Teaching in Medicine. A Series of Graduated Exercises in the Differential Diagnosis, Prognosis and Treatment of Actual Cases of Diseases By Richard C. Cabot, A.B., M.D. Boston: D. C. Heath, 1906.

"After the student has learned to open his eyes and see, he must learn to shut them and think, and when he is thinking the less he has to distract him the better.

"To aid the teacher in training his pupils to think clearly, cogently, and sensibly about the data gathered by physical examination is the object of this book." So says Dr. Cabot in the Introduction to this unique little volume. While written primarily, perhaps, for teachers, it will prove of peculiar value to students of medicine, because in its present form there are to be found, following the records of actual cases from practice, a series of questions and answers leading up to a critical analysis of the case records, and to the desired diagnosis, prognosis and treatment. Every alternate page is left blank for additional questions and answers, or suggestive memoranda. In this way the records of seventy-eight very characteristic cases, such as may be met in general practice, are presented, the records being such as would be made on a first and thorough examination of a case, with certain additional items as urinary analysis, blood examination, etc. The method outlined and demonstrated in this book furnishes ideal training to students and will be found fascinating and valuable to the practitioner even of many years' experience.

Christianity and Sex Problems. By Hugh Northcote, M.A. Philadelphia: F. A. Davis Co. 1905. pp. 257.

The present volume is rather a compilation of the opinions of many critics, ecclesiastical and medical, on various subjects relating to sex problems, than in any sense an original work. It offers no new thoughts for consideration; indeed, in many respects, its physiology and ethics have an oddly anchaic ring. For instance, the naif teachings that a young man who finds his sexual appetites disquieting, is justified in marrying for the purposes of gratifying them, whatever his pecuniary resources, and that a young wife must subdue any natural repulsions that stand opposed to her husband's desires, or else feel herself responsible, as a Christian, for his possible moral downfall, — these, if they be churchly views of sex problems, only serve to emphasize the rude contention of the hour that in the higher ethics the church has much to learn of the laity. We might add, did we accept the author's general theses as representative of Christian dicta, that Christianity has somewhat to learn of heathendom, when we find our Christian teacher cautiously approving of cohabitation during pregnancy, and compare this teaching with the following, from the recently published "Eight Commandments of the Central Americans before Christianity came among them."

"Thou shalt respect the times of women; and when she is bearing unto thee, thou shalt not lie with her, nor give her heavy labors, nor angry words, nor fret her, but be obedient to her, doing whatsoever she asketh thee to do, for it is her time; and she is thy Queen. Thou shalt teach this to thy young men and thy young women, and to them that come after them, that their children may be shapely, strong and brave.

BOOKS AND PAMPHLETS RECEIVED

International Homœopathic Directory. A small book, giving a very complete list of English homœopathic physicians and institutions, a less complete one of continental Europe and Asia, and a very inadequate one of America.

Decapsulation of the Kidney for Nephritis. Horace Packard, professor of Surgery, B. U. S. M.

Malignant Growth of the Male Genitalia. Bukk G. Carleton, New York.

PERSONAL AND GENERAL ITEMS.

Chicago News

Report from the Chicago Homœopathic Society:

At the April meeting of the Chicago Homœopathic Society, Dr. Mary Elizabeth Hanks read a paper on Medical Treatment of Uterine Fibromyomata. The discussion of this paper was opened by Dr. Julia Strawn. The Surgical Treatment of Uterine Fibro-myomata was presented by Dr. Chas. Kahlke, and the discussion opened by Dr. M. B. Blouke, and Dr. Peter Clark. While no one claimed non-surgical treatment sufficient for all cases, difference of opinion ran wide enough to furnish a lively discussion, with none of the platitudes of empty compliments, which now and then work to the degeneration of a medical society.

Dr. Kahlke also presented an unusual case of infiltrating carcinoma of the stomach; the patient still lives after four days, being fed directly into the duodenum.

The officers for the ensuing year are: Dr. Frank Wieland, president; Dr. B. A. McBurney, vice-president; Dr. George McBean, secretary, Dr. L. A. Shultz, treasurer.

The exhibit under the direction of the Chicago Tuberculosis Institute is well installed in the Municipal Museum. The exhibit is that collected by the National Association for the Prevention of Tuberculosis and is admirably serving its purpose as an educational factor to the laity.

The program for the Illinois Homœopathic Association in May provides for an afternoon of surgery at the Hahnemann College, in addition to its usual papers and final banquet.

A fairly successfully social movement has been maintained for two years to the end of increasing professional comradeship and active interest in the Chicago Homœopathic Society. From fifteen to thirty meet each month at dinner downtown and afterward adjourn to the medical meeting. After a year's experiment, organization was effected as The After Dinner Club, open in membership to any woman, graduated from a reputable medical school or member of the senior class in such schools. The Club entertains at dinner the visiting women on the opening day of the State Association.

A resident physician is wanted at Dr. Styles' Sanitarium, New Britain Conn. One who has had some experience in treatment of nose and throat preferred. For particulars apply to Dr. E. L. Styles, New Britain, Conn.

The forty-second annual session of the Homœopathic Medical Society of Ohio will be held at Columbus, Ohio, May 8th and 9th.

Sale of Opium in the Philippine Islands.—A bill that has recently been passed in connection with the Philippine Islands prohibits the importation of opium in any form after March, 1908, except by the government and for medicinal purposes only. By this bill it will be unlawful to sell opium to any native of the Philippine Islands except when it is to be used as medicine.

Board of Medical Examiners in Pennsylvania.—The homœopathic representatives on the Board of Medical Examiners of Pennsylvania recently appointed by Gov. Pennypacker are Gustave A. Mueller, C. S. Middleton, and H. M. Bunting.

THE last of President Huntington's monthly receptions for the college year will be given in the Trustees' parlor at the building on Somerset Street, on Wednesday afternoon, May 2, from three to five o'clock. It is well to remember that this is for all students, faculties, alumni and friends of Boston University, or any of its departments.

The Medical School has much appreciated these informal social events, and has found them a means of obtaining a wider insight into the University affairs, as well as a place in which to form pleasant associations.

WE notice from a letter recently received that Dr. F. E. Way, B. U. S. M., 1890, is grand medical examiner for the Ancient Order of United Workmen of Nebraska.

ERRATA.—An unfortunate error occurred in the March number of the GAZETTE in the article on "Early Symptoms of Tuberculosis," by Dr. G. N. Lapham. Upon page 110, the article should read: "recurrent periods of high temperature, on the other hand, are very unfavorable," instead of "are very favorable," as therein given.

WE learn from the publishers that during the year 1905, over 17,000 copies of Gould's Medical Dictionary were sold. This makes a total sale to date of nearly 200,000 volumes. Those who are familiar with the book will readily see why such an immense sale has taken place. It is one that should prove of extreme value to every physician or to anyone in any way connected with the medical profession.

INCREASE OF INSANITY IN MASSACHUSETTS.—During the past fifteen years, there has been an increase in the number of patients in the insane asylums much greater than has been the increase in general population.

During the past fifteen years it is reported that the number of such inmates has risen from over 4,400 to more than 9,000. This is an increase of more than 100 per cent during a period of years when the general population has increased 34 per cent.

WE are informed that there is a good opening for a homœopathic lady physician at Berlin N. H. It is a city of 12,000 population. There are no long drives, and most of the business can be done without a horse by using the electric cars. Particulars may be obtained by addressing Dr. H. W. Johnson, 216 East 34th Street, New York City.

ANTI-CIGARETTE MEASURE...Sir William Broadbent is said to be one of the chief supporters of a bill recently introduced into the British Parliament, having for its object the repression of cigarette smoking by children. According to this measure, the sale of cigarettes to anyone under the age of sixteen is prohibited, and any such minor found smoking any kind of tobacco may be liable to conviction.

MEDICAL STUDENT HAZED...From Omaha comes the report that the faculty of one of the medical colleges has been sued for $50,000 for damages incurred by a student who was being hazed by his fellows. The spine was, it is claimed, seriously injured, and the student has been compelled to use crutches ever since.

NOTHNAGEL'S SUCCESSOR...The chair left vacant by the death of Prof. Nothnagel in the University of Vienna has been filled by the appointment of Professor von Norden, the well-known authority on metabolism and nutrition.

Hospital Cars for Germany...The Prussian authorities have built and equipped special cars for the transportation of the sick. They are provided with spring beds, gas stoves for cooking, and many devices for decreasing the sound and motion from trains. The primary intention is to have them available in case of accident, but they may be used by other invalids requiring transportation.

Fire in Cleveland Homœopathic College...We are sorry to learn that recently a fire partially destroyed the building occupied by the Cleveland Homœopathic Medical College. The hospital which adjoins it received no damage. It speaks much for the business ability of the treasurer, Dr. Kimmell, that he so quickly brought order out of chaos, and made such arrangements that the college work could be continued with but the minimum amount of delay. The adjustment with the insurance companies, we understand, is satisfactory.

Drunkenness Among Women in Liverpool...During the past year, police statistics of Liverpool, England, show that there were nearly 8,000 charges of drunkenness, of which more than one-third were against women. The authorities have instructed the police to report those resorts where female drinking is excessive, in order that they may be dealt with in some satisfactory manner.

Accommodations for Medical Students...The Advisory Board of the Students' Club in connection with the Y. M. C. A. of New York reports that there are not as many medical students in that city at present as there were twenty years ago, largely because of a lack of suitable accommodation. The club is endeavoring to so enlarge its work that it may be able to accommodate a larger number of men than is now within its power.

Joint relief committee appointed by the Boston and Massachusetts Homœopathic Medical Societies to solicit subscriptions in aid of our San Francisco colleagues, consists of Horace Packard, M.D., 470 Commonwealth Avenue, Treasurer.

State Society: President, J. H. Sherman, M.D.; Secretary, T. E. Chandler, M.D.; Treasurer, T. M. Strong, M.D; G. F. Martin, M.D., Lowell; J. P. Rand, M.D., Worcester; W. Wesselhoeft, M.D., Cambridge.

Boston Society: President, David W. Wells, M.D.; Secretary, B. T. Loring, M.D.; Treasurer, A. G. Howard, M.D.; H. Packard, M.D., Boston; J. H. Moore, M.D., Brookline; N. M. Wood, M.D., Charlestown.

Dr. Henry B. Esmond is located in Bondville, Vt., and has taken to himself a wife.

W. R. Brinckerhoff, M.D., who for a time was pathologist of the Massachusetts Homœopathic Hospital, has been appointed pathologist at the newly established government experiment station in the leper colony on the island of Molokail, Sandwich Islands.

The experiences of Dr. Brinckerhoff during the recent small-pox epidemic in Boston and later in laboratories of Manila, P. I., have given such valuable results as to amply indicate his suitability for the position.

French maid (to inquiring friend).—"Oui, madame is ill, but ze doctor haf pronounced it something very trifling, very small."

Friend—"Oh, I am so relieved, for I was really anxious about her. What does the doctor say the trouble is?"

French Maid.—"Let me recall. It was something very little. Oh! I have it now. Ze doctor says zat madame has ze smallpox."

The New England Hahnamann Association is once more in evidence and this time is arranging to have one of the prettiest affairs of the season at Copley Hall for May 14 and 15. On the evening of the first day there will be a Café Chantant, at which an excellent stage programme of songs, character dances and a one-act comedy will be offered. The audience will be seated at small tables and have an opportunity to order light refreshments. On the following day, from 10 A.M. till 11 P.M., there will be a costume bazaar, where the various booths, American Indian, Puritan English, Louisiana French and the like, will illustrate some phase of the ancestry of America, in setting, costume, and articles offered for sale.

The festival is to be in aid of the Boston University School of Medicine, which needs in the comprehensive work it carries on a more abundant financial resource. Everything, to the smallest detail that can tend to perfect the festival in any way will be looked after by women of taste who are competent as well. Among these may be mentioned Dr. Eliza T. Ransom, Dr. Mary E. Mosher, Dr. Mary R. Lakeman, Dr. A. J. Baker-Flint, Dr. Adaline B. Church, Dr. Marion Coon, Dr. Helen Childs, and Mrs. George R. Southwick, Mrs. Maurice W. Turner, Mrs. F. C. Richardson, Mrs. William H. Watters, Mrs. J. Arnold Rockwell, Jr., Mrs. E. P. Colby, Mrs. Geo. B. Rice, Mrs. Minna Wesselhoeft-Glidden, and Miss Anna Holmes Ruggles. Other earnest workers are laboring diligently and enthusiastically to make a success of the enterprise. Alumni and friends of B. U. S. M., and the profession, should show their approval of these generous efforts by the purchase of tickets, by contributions of articles for sale, by patronizing the café, by attending the vaudeville and bazaar, and encouraging others to do likewise.

Mr. O. R. T. L'Esperance of Boston University School of Medicine, '09, graduate nurse of Worcester City Hospital Training School for Nurses, desires nursing during spare hours. Special cases requiring special nursing, also hourly nursing. Address during the day (9 to 3): B. U. S. M.; telephone, Tremont, 21484; address during the night: 760 Tremont Street.

Dr. T. Park Lewis, formerly of Buffalo, N. Y., died recently while on his way home from Tucson, Arizona, where he had been living for two years on account of his health.

Dr. Jarvis U. Woods died April 1st at his home in New Haven, Conn., aged 63, after a short illness from cerebral hemorrhage.

Messrs. Boericke & Tafel are agents in the United States for Dr. J. H. Clarke's Dictionary of Materia Medica, a three volume work recently published in London. The price is $16.00 in cloth, or $18.00 in half Morocco. Expressage extra.

For Sale—$4000 practice for sale in one of California's delightful valleys. Collections, 95%. No opposition. Reason for selling, wish to devote year to post-graduate study and practice a specialty. Full information by writing M. S. Kelliher, M.D., Lompoc, Calif.

A $2,000,000 tuberculosis hospital is planned for the poor of New York city, to be built on Staten Island. It will be constructed under the auspices of the Department of Charities, and will be separate from the undertaking of the Health Department, to build a sanatorium for incipient cases of consumption in Orange County, New York State. The Staten Island institution will be a hospital for cases in all stages of the disease.

Doctor—"That looks like a relapse. What have you been doing?"
Patient.—"Just been looking at your bill."

THE NEW ENGLAND MEDICAL GAZETTE

VOL. XLI JUNE, 1906 No. 6

ORIGINAL COMMUNICATIONS.

A STUDY OF THE ACTION OF BELLADONNA upon the Right and Left Sides of the Body, as Developed in the Test Drug-Proving of the O. O. & L. Society.

BY HOWARD P. BELLOWS, M.D., BOSTON, MASS.

The study of drug action with relation to the sides of the body, or to any distinctly regional parts of the body, is a refinement in the study of drug pathogenesis which belongs, I believe, characteristically, to the homœopathic school of medicine. By many it may be thought to be a refinement which is both senseless and useless from a practical point of view. To the homœopathic physician, however, the pathogenic action of a drug is the key to its therapeutic application, and every least detail in its pathogenesy assumes importance as furnishing one more indication for its selection in the cure of disease. Precision in prescribing is the end in view, and the many variations in the manifestation of disease in the individual patient are believed to have their counterpart in characteristic variations, even to minute detail, in the sick-making power of drugs. As in his careful prescribing the homœopathic practitioner matches his knowledge of the action of the drug against his observation of the course of the disease, even such small points as the apparent elective affinity of the drug for various organs, regional parts, or even for the two sides of the body, as well as the aggravations and ameliorations of its action from heat and cold, dryness and moisture, rest and motion, and at various times of the day, become matters of direct practical import and useful application.

In the study or these so-called modalities of drug action the question arises, however, whether we are not inclined to generalize too quickly and ascribe certain local affinities of the drug to too large spheres of action. There are certain drugs which come to be regarded as characteristically one-sided in action. Even the tyro in homœopathy speaks of belladonna, for instance

as "a right-sided remedy"— and lachesis as a "left-sided remedy." Is this general one-sided action of any remedy borne out in its scientific study? Or do we find, rather, that a well-marked and prominent affinity for some one-sided locality has stamped the drug as exerting a general preference for that whole side of the body? And is it not reasonable to suppose that when a drug has once acquired a reputation for predominant one-sided action, all subsequent provers of this remedy, who know what drug they are taking, will unconsciously notice and record the recurrence of symptoms occurring upon that side rather than upon the other, and so confirm their preformed idea of its action in this particular?

In seeking an answer to these questions the results of our recent proving of belladonna were brought into tabular form, so as to exhibit the action of the drug, as to sides, throughout the body as a whole — dividing it for this purpose into physiological systems as well as into distinctly anatomical localities. This table is here given and is self-explanatory, except that it must be remarked that the figures in each division represent the number of different days upon which the one-sided symptoms belonging to that system or locality were found recorded throughout the fifty-three provings. Scientific accuracy is not claimed, because the sides were certainly not specified in all instances, but the error is as likely to be upon one side of the count as the other. and we surely have here the best basis for study, in this direction, which has ever yet been obtained or presented. It must be remembered, in this connection, that every prover was in complete ignorance of the name or nature of the drug which he was taking.

Symptoms according to sides of body

(Numbers refer to days on which recorded.)

	Right	Left	Worse R	Worse L
Mind and Nervous System	395	381	39	55
Eyes	40	37	66	29
Ears	34	45	12	18
Nose and Throat	25	16	16	13
Respiratory System	19	24	2	1
Circulatory System	2	3	..	..
Alimentary System	13	13	..	4
Genitourinary System	15	7	1	..
Bones and Muscular System	66	93	6	6
Skin	11	13	..	1
Total	620	632	142	127

	Right	Left	Worse R	Worse L
Regional Parts (included in above)				
Inner Head (Mind and Nervous System)	72	13	15	1
Outer Head	19	4	2	1
Face	24	24	..	2
Neck and Back	10	9	..	..
Outer Chest	27	23	..	..
Epigastrium and Stomach	..	1	..	..
Hypochondria	2	2	..	1
Abdomen	23	21	1	..
Upper Limbs	70	65	..	1
Lower Limbs	76	105	4	5

Our first inspection of these results, especially as presented in the upper table, produces the impression that the reputation of belladonna for right-sided action is not supported. Upon closer analysis, however, and particularly after studying the lower table, we see several limited areas where the action upon the right side predominates but, with the exception of the symptoms of the head, none seem of sufficient importance to warrant the reputation for such action which the drug has acquired. There is a preference for the right side of the throat revealed upon close study and this would perhaps count for more than it should in establishing the idea of right-sided action, because the throat is so easily inspected and variations in the appearance of its two sides so quickly noted. Following through the system at large we discover an apparent preference of the drug for the right ovary, the right iliac region and the right groin, but this is not sufficiently prominent or well marked to have much influence upon the general reputation of the drug for one-sided action, and is more than offset by predominant action upon the left side of the body in other organs and regions. Particularly is the left-sided action prominent in the lower limbs, where there is a very striking excess of pains upon the left side, these pains being not so much muscular as neuralgic in character. We come back to the symptoms of the head, therefore, as being those upon which this long-established reputation of the drug for right-sided action must chiefly rest. Here we are upon positive ground. The headache of belladonna is strictly and chacacteristically a right-sided headache. This was experienced by eighteen different provers upon seventy-two days, as against left-sided headache in only six provers upon thirteen days. These headaches of one-sided type were none of them occipital, they were predominantly frontal. Associated with them were pains in the outer head, also strikingly in excess upon the right side. Here is a group of symptoms so characteristically one-

sided that they would go far in themselves to impress the mind with the idea that the drug worked most potently upon the right, but no adequate foundation seems apparent in other portions of the system for this reputation. Whether there is any direct connection, trophic or otherwise, between the excess of pain, of nervous character, in the left leg, and the energy of the drug's action upon the right side of the brain, is a question of possible interest to the neurologist.

In conclusion, it may be deduced from this latest and most precise proving of belladonna that the reputation of this drug for predominant action upon the right side of the body in general is chiefly, and perhaps almost wholly, due to its predominant action upon the right cerebral hemisphere.

PUERPERAL CONVULSIONS, OR ECLAMPSIA.

BY E. P. RUGGLES, M.D., ASSISTANT OBSTETRICIAN MASSACHUSETTS HOMŒOPATHIC HOSPITAL.

This variety of convulsions is due to a condition associated with some period of pregnancy. This basic condition is usually a toxæmia. At present there is a tendency among obstetricians to refer to all of the manifestations of toxæmia of pregnancy as eclampsia. The term eclampsia, as usually understood and generally used refers to convulsions either during pregnancy, during labor, or in the puerperal state. Eclamptic toxæmia is a better term, for we then locate it in its right place among the toxæmias of pregnancy.

The first variety is a form not generally accompanied by convulsions, designated as the acute toxæmia of pregnancy with vomiting. This condition has been conclusively demonstrated by late investigations, to be identical with acute yellow atrophy of the liver. The second form, the eclamptic toxæmia, is usually accompanied by convulsions as its most serious factor.

A review of the literature shows that the pathological condition is recognized as a toxæmia, whatever that may mean, associated with degeneration, necrosis or hæmorrhages of the liver. The kidney lesions, although forming an important part of its terminal features, are essentially secondary.

There is no doubt that grave changes do occur in the kidney as evidenced by hæmoglobinuria, albuminuria and casts in the urine. Stone, in referring to the proof of the greater importance of the liver lesions, states that eclampsia without albuminuria may occur in 10% of the cases, and that albuminuria may be one of the last symptoms. Meyer-Wirz in a clinical study of 117 cases of eclamptic toxæmia, reports that in 38 who were under observation before the onset of convulsions,

8 showed complete absence of albumen before the first convulsion, and that in 35 cases which came to autopsy, 8 were shown to be free from renal affections.

Bar, in his analysis of the microscopic findings in 24 eclamptic subjects, reports that the kidneys were profoundly affected in four, the lesions were moderate in nine, and in eight were only of slight intensity.

It is true that we meet these two varieties of eclampsia, those with an appreciable renal insufficiency and those without renal symptoms. The uræmic theory has failed to render intelligible the cases we meet without renal lesions, the frequent presence of kidney derangement without eclampsia or the fact that a patient excreting 20 grams of urea in 24 hours will develop eclamptic seizures, while another excreting 2–4 grams has no signs of toxæmia. Yet the percent of urea is usually diminished and much more accurately determines the pregnant woman's condition than does the presence or absence of albumen. In 108 cases reported by Gerster not one had albumen at any time during pregnancy.

The albuminuria, particularly in these cases in which it develops suddenly, may be the result more of the increased vascular tension and acute congestion than of any kidney lesions, and this will explain its rapid disappearance after convulsions are relieved. I wish to quote here a Philistine view of one of Boston's prominent physicians which will be comforting to those who have been reproaching themselves for not keeping pace with modern laboratory practice. He says the most reliable data to be obtained from urinalysis are 24 hour quantity, the specific gravity and the color. He says that autopsy has revealed no lesions when the urine was highly albuminous and full of casts. He also considers it futile to estimate urea without accurate knowledge of the patient's metabolism.

There is no doubt that as the disease progresses there cannot but be grave changes in the kidneys, such as fatty degeneration, cloudy swelling and acute nephritic conditions. In these cases, we may be confronted by a condition of uræmia.

The essential cause of the disease is a toxæmia arising from the absorption of products of fœtal metabolism in excess of what the maternal organs can excrete under normal conditions, an overwhelming dose of toxins; or a gradual accumulation, owing to the lack of proper elimination of what ordinarily ought to be cared for. Both of these conditions may occur; for on the one hand, we see the eclamptic attack developing out of a clear sky seemingly in a patient who has shown no previous signs of toxæmia with normal urinary excretions; while on the other hand, the symptoms of toxæmia may have been present for days, even weeks or months, in neglected cases before the onset of convulsions.

The effects of the toxins are those of an irritation upon the cerebral and spinal centres, resulting in the convulsive attacks. These convulsions are first tonic then clonic, finally affecting the involuntary as well as the voluntary muscles. In addition, the vaso-motor centres are stimulated to such a degree that the normal circulation is disturbed, and the excretory organs practically suspend their functions. The convulsions are followed by periods of unconsciousness, and if they are slight at the beginning, the patient soon regains consciousness only to return to a repetition of the same process, and if continued, this condition may result in continued coma or stupor. In severe cases it may be a day or two before consciousness is regained.

The symptoms preceding the development of convulsions are varied, depending upon the severity of the condition or the period of pregnancy. As sure as this disease in a large measure must be attacked in its early manifestations to save mother and child, these symptoms must be carefully watched for, and clear and definite steps taken to avoid future trouble. The family characteristics, ailments, history of severe individual diseases, such as might cause some heart or kidney instability, must be thought of. Of the cases at our Maternity, one gave the history of both mother and one sister dying in convulsions. In these cases the disturbed renal conditions will appear early. An unusual, sometimes rapid increase of weight is not common. The first indication of trouble may be a continued nausea over the limitation usually set, in the early weeks or months. This may be accompanied by vomiting, that peculiar epigastric distress, some headache, some degree of anæmia, etc. Then later we may have these symptoms increased, more severe headache, lassitude, dizziness, some œdema in extremities or generally dyspnea, restlessness, insomnia of varying degrees, neuralgia, pains in hepatic region, particularly.

There may be a slight lessening of urea excretion, the appearance or gradual increase of albumen in the urine; the pulse rate slightly increased with an increase of tension, and a decrease in amount of urine passed.

Primiparæ are very prone to the development of eclampsia in comparison with the multiparæ. In a series of cases occurring at the Massachusetts Homœopathic Maternity, out of twenty-two cases nineteen were primiparæ. The cases occurring in multiparæ are usually fatal. It is true that in subsequent pregnancies, the prognosis is good, while if the first attack is accompanied by a well-marked nephritic condition, the prognosis is grave. The dangers to the patient are from failure of the circulatory mechanism due to the direct violence suffered by the heart during the changes in blood pressure induced by the convulsions, or to the exhaustion which may follow the extra amount of work thrown upon the heart, or by over-action of the vaso-

motor system, or from rupture of the cerebral vessel or total suppression of excretion.

The mortality is high, and will continue to be so until we learn more of its etiological and pathological factors, or until prophylaxis receives the attention which it demands.

The mortality of the series of twenty-two cases at the Homœopathic Maternity was forty-five per cent for the mothers and forty-seven for the babies. This is a high rate, but the history of the cases shows many of them to be of a severe fulminating type. At the Boston Lying-in Hospital in the eight years up to 1893 the maternal mortality in ante-partum eclampsia proved to be forty-six per cent, fætal mortality sixty-nine per cent, intra-partum mortality maternal twenty-five per cent, fœtal twenty-five per cent and in post-partum conditions the mortality of mothers was seven per cent. The record made at the Talitha Cumi Home, of never a fatality from this disease is remarkable in the eighteen years' work with thirteen cases. Their treatment is symptomatic prescribing, with only occasionally other treatment as demanded; but the cases are all primiparæ, young, and while not always healthful, do show a great deal of resistant power, and again all of their patients are within their care for weeks, sometimes two or three months before delivery, and are put upon a simple fare, with a simple life and with attention paid to their general hygienic welfare.

This prophylactic treatment must have some effect upon the toxic condition if it goes on to convulsions.

I believe that in many of the cases where no interruption of pregnancy is carried out, a favorable termination is effected almost immediately upon the death of the child.

In regard to treatment I can but sum up the views of the best authorities we have, in a practical way:

The prophylactic treatment must be our main stay and may be summarized as the prevention of any accumulation of toxins in the system combined with the ordinary hygienic measures to improve and maintain the patient's general condition. This should be attended to throughout pregnancy, and the physician should take pains to assure himself that the patient gets plenty of fresh air and proper food and drink and such exercise as necessary or possible. It is *elimination* all through. The skin should be kept active by baths. The bowels should be kept thoroughly open, not alone regular. The free use of fruit is to be recommended. Failure in this respect should be met with plenty of water between meals of some mild cleansing agent. The diet must be regulated as to quantity and composition. As a rule it will be found that all the food elements can be diminished. In cases of œdema or suspicious conditions, meat should be excluded and the diet may consist of fruit, cereals, vegetables and modifications of milk diet. In more

severe cases milk alone is the safest diet. Diuretics, as such, should be looked upon with suspicion, outside of some of the milder mineral waters. The appearance of convulsions, or the failure to diminish the dangerous symptoms calls for more radical treatment. The promotion of sweating must be brought about, and the best method is the hot wet pack. In addition saline enemata or subcutaneous injections of saline may promote diaphoresis.

Pilocarpin hypodermatically was formerly used, but has been discarded because of its tendency to cause pulmonary œdema. Recent studies from the French have shown that in some cases of nephritis with insufficient kidney action, the output of chlorides being diminished, saline solutions increase the kidney strain and produced œdema. The practice has now been modified by not using too large quantities, particularly by way of the veins. In one case of mine reported by Dr. Earl where two intravenous injections had been made, the patient was generally œdematous. This condition rapidly disappeared with the passage of large quantities of urine.

Saline intravenous injections in moderate quantities preceded by the withdrawal of from ten to thirty to forty ounces of blood have seemed to be of the greatest value. Venesection is a mooted point, but that it may be of value in controlling the attack, the clinical experience of older physicians seems to leave no room for doubt. The happy results which I have seen seemed remarkable, and the relief from convulsions, with a marked increase of urine and sweating seem to justify the procedure. Dr. Kirkley of Ohio reports a case of a multipara seven months pregnant, generally œdematous, with severe headache, a slow, tense pulse, constipated bowels, scanty highly colored urine, epigastric distress and visual disturbances. These symptoms had been gradually increasing for a month or longer and were so urgent that venesection was done. The amount withdrawn was not stated, but it was kept up until its loss was perceptible. Relief was immediate, albumen constantly diminished and the urine increased at once, and the patient went to full term, and was safely delivered without a troublous symptom. Other eliminative measures were instituted after the venesection. He goes farther and reports a case where venesection was repeated. The patient had been constantly examined since early in pregnancy. At the seventh month, the symptoms became so alarming that venesection was proposed, and forty ounces were withdrawn with immediate relief, and other measures were then used. Some three weeks later, it was necessary to repeat the process, and the patient went to term with a living child. He advocates the saline injection after the venesection.

Chloroform anesthesia may help to control the convulsive

attacks, but must not be used in a dangerous quantity. Oyxgen inhalation may be of great help in keeping up the strength of the patient.

Veratrum viride in doses of ten to twenty drops, hypodermatically has been much used until the pulse drops to below 80 or 90, when the claim is made that convulsions will cease. This remedy used in this way is surely a dangerous heart poison and must be carefully used. The pulse may be a guide between the use of ver. vir, and bleeding. If the pulse is rapid, use the former. If the pulse is strong and full, it calls for venesection.

Dr. Sturmer, before the Obstetrical Society of London, reported forty-one cases of eclampsia treated with repeated doses of thyroid extract, with a more rapid increase of urine than under other treatment before. It was reported to have been used in warding off impending attacks as well. This agent may act in lowering blood pressure and thus gains its end.

To control the convulsions, while other measures are at work, chloral hydrate or morphine have been used. Authorities differ as to the effect of morphine in eclampsia. Some believe that if used in not too large doses, it does not check secretions, but by diminishing the sensibility of the spinal cord, or cerebrum it relaxes the vaso-motor spasm and favors excretion. It will at least increase the after-stupor of the patient.

Our own remedies, such as aconite, belladonna, opium, arsenicum or cuprum have, in many cases, been of great help.

The question of immediate delivery of the eclamptic woman, or delay, must be decided in each individual case, and must depend upon the condition of the patient, her apparent strength, the severity and number of the attacks, condition of the child, and favorable or unfavorable conditions for operation. If the question of delivery is decided upon, in general, it may be said that the one most consistent with the safety of the mother and the child, if viable, will be the most efficient. Expectant or palliative treatment will almost be surely followed by death of the child, while if the uterus is promptly evacuated by suitable measures, the child's life is usually preserved and the mother is subjected to no additional danger in proper hands.

We must provide absolute rest, suitable diet and freedom from care for the convalescent, eclamptic patient, and be ready with our advice in regard to a second pregnancy.

Post-graduate School for Berlin.— Early in March a post-graduate medical school was opened in Berlin amidst unusual splendor. This school is the result of an effort ably backed by the mother of the Emperor, and the formal exercises were conducted by the Emperor himself. In many ways the school is to follow the plan successfully adopted by the New York Post-Graduate Medical School.

CASES OF ECLAMPSIA.*

BY GEORGE H. EARL, M.D., PROFESSOR OF OBSTETRICS, BOSTON UNIVERSITY SCHOOL OF MEDICINE.

The following cases may serve to illustrate some of the varying manifestations of Eclampsia, and at the same time emphasize a plan of treatment, which may be properly followed in almost every case. It offers nothing new, but constitutes a somewhat definite plan to carry out in this most trying emergency. It is plain that we are not sure of the best treatment from the fact that no one plan has been universally adopted, and the practitioner is often in doubt, from the very fact that so many things are recommended.

Eclampsia may be considered to be the result of an autointoxication, due to the faulty elimination, and rational treatment would seem to be to remove the poison as rapidly and safely as possible. There is no known antidote, but the poison may be diluted, and so rendered less dangerous. The administration of a remedy like Belladonna; the hot wet pack; the introduction of large amounts of water by stomach, bowel, under the skin, and in the veins; and in extreme cases the abstraction of a considerable amount of blood, replacing it with saline, might be called the general plan of treatment. Chloroform may do something to control the severity of the convulsions. This may be called the hygienic treatment, or if you please, the rational treatment.

The drug treatment, as for instance veratrum viride in sufficient doses to reduce the heart to 50 or 40 beats to the minute, when it is said convulsions do not occur, I have had no experience with, and I may say practically the same of the opium treatment in which hypodermatic injections of morphia sulph. gr. $\frac{1}{4}$ or $\frac{1}{2}$ after each convulsion is given. These plans of treatment have for their object the control of the convulsions, and it is said in their support, that it is the convulsions which kill the patient. But it always seems as though one were adding a pretty heavy load of drug disease to what is already present, and that the patient had them both to combat and recover from in the end. The limits of this paper will not allow a discussion of the indications for immediate delivery, or otherwise; but a word as to the detail of the wet pack may be allowed.

Two or three blankets are spread out in the bath tub, and then the water of proper temperature is poured over them. Or the tub may be half filled with the water and the blankets put in. In this way the limit of temperature may be reached without danger of burning. The blankets are wrung out not too dry, and quickly spread on the bed, a dry thin sheet spread over them and the patient naked, rolled up in them all. Then, cov-

*Read before the Massachusetts Homœopathic Medical Society.

ered with quilts, hot water bottles serve to maintain the temperature. A large cool compress is then applied to the head, and changed often enough to keep it cool. Blankets keep hot longer than sheets, and the sheet next the skin serves to avoid the discomfort of the blanket when the patient regains consciousness.

Case 1. Mrs. A— primipara; twenty-eight years old; five months pregnant; no symptoms until sudden onset of headache and slight edema of ankles. Called her physician immediately, who at once placed her on strict diet; and an examination of the urine that day showed nothing abnormal. This had been true of each previous examination.

The next day patient complained of severe headache and some difficulty of vision. A consultation was held to consider the question of abortion, which her physician advised, but it was postponed. Very rigid measures of treatment were carried out; every effort made to promote elimination: a milk diet, etc. was ordered.

The next day, the third day from the first symptoms she was taken with a violent convulsion which lasted several minutes. A physician called gave morph. sul. hypodermically, gr. $\frac{1}{4}$ and immediate preparations were made to bring her to the Hospital, where I saw her, with Dr. F. B. Percy, between two and three hours after the convulsion. The headache was intense, vision was so impaired that she could hardly recognize persons standing at the foot of the bed. No labor pains. Temp. 102, pulse 120. Urine showed 55% net bulk albumin. Immediate induction of labor was decided upon. The os was dilated, membranes were ruptured, and cervix and vagina firmly packed with gauze. Symptoms did not improve and vision steadily failed. After twenty-four hours, she was delivered, artificially, there being no response, or effort on the part of the uterus to empty itself.

In this case it was the steadily failing vision which prompted haste, the woman having no repetition of convulsions. Permanent impairment of vision may follow in such cases unless promptly relieved. The urine steadily improved from the second day after delivery. Neither temperature nor pulse reached 100 except for a few hours immediately after operation when the pulse for a short time reached 112. The patient has made a complete recovery.

Case 2. Mrs. B— primipara; thirty-eight years of age; seven months pregnant. Had possessed excellent health during entire pregnancy; an unusually good appetite, which had not been restricted in any way. Had gained in weight some forty pounds. Christmas morning on going up stairs she was taken with a convulsion, and fell. Dr. Everett Jones was called and administered morph. sul. $\frac{1}{4}$ gr. hypodermically. I saw the patient an hour later, and she was only slightly confused, and had some

headache. We put her in the pack, and during the day she had three slight convulsive seizures.

On account of her age, her obesity, and the slight chance of saving the child, it was decided to wait before delivering, unless the convulsions continued or increased. It seemed a mild case if such a term can ever be applied to Eclampsia. A sample of her urine showed only a moderate amount of albumin. In the evening, twelve hours after the first convulsion, the os was dilated, with the idea of inducing labor and allowing delivery to take place naturally if it would. The os surprised us by dilating rather easily, and safely, and then it was found that the cord was beating faintly. The child being small and the head of course very compressible, at seven months, a version was done and a living child delivered, without injury to the mother. Both are well at the present time.

Case 3. Mrs. C— Primipara; age thirty-five years. Operated for extra uterine pregnancy two years before. Health good; habits regular; plenty of exercise; careful diet, etc.

Slight decrease in proportion of urea toward close of pregnancy, but this improved with more strict diet. At this time trace of albumin, and a few hyaline casts were found. Slight occasional nausea toward close of pregnancy. Labor was normal in every way. She was given a little ether during the perineal stage, and was a bit restless following. An hour and three quarters after delivery she complained of severe pain in the back of her head, and immediately went into a convulsion. These continued at intervals of half an hour to an hour for nearly twenty-four hours. After twelve hours, morph. sul., wet pack, rectal saline, and chloroform were used, but not being followed by improvement, she was bled 12 or 14 oz. and three pints of saline were allowed to run into the vein. All the symptoms improved at once. The skin became more active; urine passed, as evidenced by the odor. Intervals between the convulsions increased, and they finally ceased. The breathing bebecame easier, and she seemed in a natural sleep from which she could be partially aroused to swallow. She made a complete recovery and baby is well.

Case 4. Mrs. D— Primipara; twenty-eight years of age; nervous active temperament. Health during pregnancy good; no nausea, or vomiting; no headache. Increased in weight some thirty pounds. A decided trace of albumin, one week before trouble began; urea normal. Patient was taken with vomiting, epigastric pain and headache with confusion; ankles swollen. Immediate hot wet pack, rectal saline, etc., were used. She felt better; skin became moist, and she went to sleep. Two hours later a convulsion occurred. Convulsions followed at intervals of about an hour, and she became unconscious. She had 20 grains of chloral hydrate from a physician called at

the moment. Later was removed to the hospital, and the convulsions continuing, chloroform was given, and patient delivered by podalic version. She lost a considerable amount of blood, rather more than the average amount in a normal labor. She was put to bed with hot wet pack, and a rectal saline administered. Convulsions continued once in ten minutes for five or six hours. Chloroform continued lightly most of this time. Then she was bled 8 or 10 oz. and two pints of saline given by the veins. There was improvement for a time, when the convulsions returned with greater severity and frequency.

Twenty hours after delivery she had three convulsions in ten minutes, and then one which lasted ten minutes. She was evidently going bad very fast, A vein in the other arm was opened and allowed to bleed until the patient's face showed a change; two pounds by actual weight were removed and then three pints of saline injected. One slight convulsion followed, but that was the last. She has made a complete recovery.

Discussion of Dr. Earl's Paper.

Dr. Caroline E. Hastings:— Dr. Earl has given a plan of treatment for Eclampsia which so far as the hot pack and the giving of much water to drink are considered is, as he has said, rational, and one to which there may be no objection; but when it comes to bleeding it is a question whether we have not entered into the realm of the irrational and the dangerous. The point which he makes, that in the administration of drugs in massive doses, "the patient has both the original and the drug disease to combat"— is well taken. But in this plan of treatment, no place has been given to, nor any recognition made, of the law of cure which gives to us the distinctive name of Homœopathists; of which name, I am sorry to see some seem to be anxious to divest themselves. Dr. Earl states that there is no known antidote. I believe there is an antidote, viz:— *the indicated remedy,* in each given case; and as proof of this, I wish briefly to relate how a series of thirteen (13) cases of Eclampsia occurring in Talitha Cumi Maternity Home, during the last eighteen years, have been treated, *without the loss of a case.* All cases coming into this home are primiparæ, and as a rule are in the Home several weeks before confinement. Upon the first indication of kidney complication, the patient is put upon a milk diet— and remedies administered as called for by the indications. In this way we have reason to believe some cases of convulsions have been averted, but as has been stated, during the last eighteen years thirteen (13) cases of Eclampsia have occurred. None of them have received a hypodermic injection of morphia. None of them have been put into the hot pack. One only has been put under ether. Not one has been bled. I shall not attempt to relate each case; time will not permit me to.

In the first case to be mentioned, convulsions came with the beginning of labor. Delivery was effected by version, but convulsions continued after delivery. Belladonna was the first remedy given, but later the indications for opium became clear; stertorous breathing, coma, hot sweat. Opium c. m. controlled the case.

In a second case Eclampsia did not appear till four or five hours *after* a normal delivery. The paroxysm began with sighing, groaning and stretching of the arms and legs. Ignatia was given and amelioration followed for a time. Then paroxysms became more violent; the face took on a bluish color, and the convulsions began in the eyelids, and extended to all the facial muscles; then became general. Hyos. c. m. in water was given. Previous to the giving of hyos. the paroxysms had become almost constant. The first dose was followed by an interval of forty-five minutes;—a second dose was given—and followed by an interval of two and one half hours. Another dose and — no more convulsions.

The above illustrates the method of administrating the remedy in all cases—a dose to be repeated after the recurrence of the paroxysm. In this case three doses were given.

In another case there was a series of sixty-nine paroxysms before a remedy was found which entirely controlled. It was very difficult to find the indicated remedy, as the symptoms were not clearly defined. Finally the rolling of the head and the boring of the head into the pillow, and the squinting of the eyes called for hellebore, which relieved very promptly and markedly. Here as before the remedy was given only after a recurring paroxysm, and three doses were sufficient.

Two cases were relieved by stramonium. In the first case, the graceful gyratory motions of the arms, lifted above the head was the keynote which led to the choice of stramonium. In the second case in which Eclampsia came on after the birth of twins — the one weighing eight, the other seven pounds — the symptom which decided for stram. was a frightened look on going into and coming out of the convulsion. Stram. controlled, and rapid recovery followed.

The last case in the Home occurred during the last year. The girl fell in a convulsion while dressing at seven o'clock in the morning. She was delivered at 7 P.M. of a stillborn, 9 ¾ pound boy. During the twelve hours there were forty-three paroxysms. Bell. 2c. ameliorated but did not control. Bell. c.m. controlled. Here the symptoms were the flushed face, widely dilated pupils, and convulsion following each contraction of the uterus.

I well remember the first case of Eclampsia to which I was called in the early years of my practice. The patient, an entire stranger to me had fallen from her chair in a convulsion. In

this case version was performed and the child was born alive, and is alive to-day as far as I know. The convulsions did not cease and I was besought by the friends to give ether. This I steadily refused to do; but instead gave opium 4x, and with such marked results that the friends were quite satisfied to let me conduct the case without further interference. In two weeks the patient who was boarding at the time, was housekeeping. I attended her again in less than two years and the case was normal in all respects.

Dr. Earl made mention in his paper of the fact, that, "steadily failing vision," in one case prompted him to hasten his method of treatment. I am wondering whether cocculus would have given relief to his patient. In the symptomatology of cocculus we find under eyes; "Pain in the head and eyes followed by blindness. Puerperal Eclampsia." I think one cannot fail to notice in the recital of these cases, that *symptoms* were the guides to the selection of the remedy. And just here comes in the beauty of, and the great dependence which can be placed upon, the *law* of cure as discovered by Hahnemann. To one who does not make use of this law, a convulsion is a convulsion and nothing more; or to quote Wordsworth —

"A primrose by the river's brim
A yellow primrose was to him
And nothing more—"

With all due respect to the satisfactory results as shown by Dr. Earl's paper, may we not still inquire whether there is not for *us* a more excellent way? It is a more painstaking method and one which does not give the appearance of doing every thing that can be done, but in view of the results as illustrated by the thirteen cases I have referred to, with no loss of life and no complications remaining save in one case in which there was right-sided paralysis, which entirely disappeared in three weeks under phos., in view of these results is it too much to claim that the indicated remedy is an antidote?

Dr. George R. Southwick:—Dr. Hastings is to be congratulated on the successful treatment of a series of thirteen cases, some of which were severe. She has shown the courage of her convictions and her record is one to be proud of.

Besides the advantages of venesection which have been mentioned by Dr. Earl, another can be added. It is valuable to relieve the right side of the heart when the accents of the heart sounds are becoming equalized, the right ventricle overloaded with venous blood and the patient cyanosed.

When immediate delivery of the patient is a necessity, the Bossi dilater, though not safe, is less dangerous than Cæsarian section by either the abdominal or vaginal method.

The Champétier de Ribes' bags have been invaluable to me in some cases when immediate delivery was not imperative. The birth canal is fully and fairly rapidly dilated by them to nearly or quite full size. The presenting part of the child, usually the head, is protected from injury and pressure and premature infants are born in good condition, which would not have survived forceps or version, or even the traumatism of normal labor.

I saved in this way an infant of less than seven months, weighing only two and a quarter pounds which could have been seated in a pint measure, Her father's finger-ring easily passed over her arm and shoulder. She is now a fine healthy child about five years old.

Dr. Earl:—In closing, I wish to heartily thank Dr. Hastings for emphasizing the use of remedies in eclampsia, and I am free to confess that that side of the question less often occurs to me than perhaps it should. It is largely lack of industry in learning the indications. From natural inclination the mechanical aspect of the problem is the one first thought of by me. I seldom see these cases except in the midst of the storm, and then the questions of delivery and control of the convulsions, by eliminating or diluting the poisons are the ones uppermost in my mind.

EPILEPSY.

BY FRANK C. RICHARDSON, M.D., PROFESSOR OF CLINICAL NEUROLOGY, BOSTON UNIVERSITY SCHOOL OF MEDICINE.

The intent of this article is to present as concisely as possible such of the present day views of epilepsy as will be of interest to the physician in general practice.

Since the time of Hippocrates there has been a more or less continuous output of literature upon epilepsy, and while persistent pathological research has failed to give us more than a speculative knowledge of its pathogenesis, painstaking observation has accomplished much for its more exact interpretation.

There is an increasing tendency to differentiate between convulsions occurring in the course of evident ailments of various kinds and true idiopathic epilepsy. It is becoming the custom to regard convulsive seizures due to organic cerebral disease — sclerosis, tumors, cysts and the like, — those reflex from infantile disorders, or accompanying hysterias, as well as those resulting from toxæmia — uræmic convulsions, puerperal eclampsia, hydrophobia, tetanus and the drug poisons — as symptomatic of these affections, and to restrict the term epilepsy to cases the sole, or at least essential, symptom of which is either general

convulsions (grand mal) or sudden, transient loss of consciousness without convulsion (petit mal).

The importance of heredity as a causative factor of epilepsy cannot be overestimated. Innumerable influences may operate as exciting causes, but in a large proportion of cases there will be found the heritage of an unstable nervous organism, unduly responsive to irritation. It is not at all uncommon to find in the ancestry of an epileptic neurotic equivalent in the form of insanity, migraine or asthma.

It may be said briefly that the ætiology of epilepsy should usually be sought in toxic or autotoxic agents acting as excitants to a poorly inhibited nervous system.

As Gowers says, "the exciting cause is only the spark which ignites the powder."

While some investigators claim to have demonstrated characteristic changes in the motor cells of the cortex and affirm that epilepsy is a diffuse lesion of the entire cortex, others attach much importance to the frequent finding of sclerosis of the cornu ammonis. As a matter of fact, there is at present no unity of opinion in regard to the minute pathology of the disease.

Recent observations show that, contrary to former opinion, epilepsy occurs more frequently in men than in women.

Statistics indicate that at least sixty per cent of epileptics have their first attack before the age of twenty, and only thirteen per cent after thirty.

A description of the characteristic seizure of grand mal is too familiar to justify repetition here. There are, however, several prominent features of the attack which it may be well to review in the light of modern observation, as they serve to aid in differentiating from similar conditions or malingering.

In the first place, epileptic attacks only occasionally occur in public. Although a considerable number of cases are treated at our dispensaries an attack rarely occurs there. With a population of nearly a thousand at the Craig Colony for Epileptics of the State of New York, a seizure in the grounds is a rarity. Contrary to the prevalent idea, unusual surroundings and excitement seem to tend to repress rather than bring on an attack.

The epileptic paroxysm occurs suddenly or after a characteristic aura. The patient falls, regardless of danger; the face becomes darkly flushed; the eyes may be open or closed; the pupils are invariably dilated and do not react to light; the muscular contractions are clonic and intense; breathing is abdominal; frequently the tongue is bitten; there may be escape of urine and fæces; the reflexes are abolished and remain so some little time after the attack has ceased; the temperature is usually increased after the attack; punctate hemorrhages may occur either in the skin or conjunctiva. An epileptic attack is of short duration, from one to ten minutes. Attacks of any

severity are generally followed by temporary mental torpor and muscular lameness.

Transient paralyses may result from exhaustion of the motor cortical centres, but if these are well marked or persistent it is probable that the case is not a genuine, but a sympathetic epilepsy.

If the patient is seen in an attack the diagnosis of epilepsy should not be difficult. Epilepsy must be distinguished from hysteria and various symptomatic and toxic convulsions. A diagnosis from uræmia and other toxic attacks can usually be made by carefully investigating concomitant symptoms. It is important in every case of convulsions to seek for signs of an organic cerebral disease; here an ophthalmoscopic examination may afford the necessary clue. The attacks of spasm observed at the beginning and during the course of dementia paralytica are generally unilateral and without loss of consciousness.

Convulsions beginning in later life are generally symptomatic and due to a cerebral tumor, cerebral syphilis, general paresis, chronic nephritis, or arterio-sclerosis.

The hysterical convulsion, which is the most difficult of differentiation, is often preceded by some form of emotional excitement; biting the tongue or other injury is rare; there are no changes in the reflexes or the pupils; the muscular movements are exaggerated and in unnatural directions; there are no involuntary evacuations; the duration of the attack is usually much longer.

In attacks of from a quarter to half an hour hysteria or an organic cerebral disease is present.

The essential characteristic of petit mal is sudden momentary loss of consciousness, almost always without convulsion, although slight twitchings may occur, especially in the face and lips. The unconsciousness is so transient that the patient does not fall as a rule, and may resume his interrupted conversation or occupation without realizing that anything unusual has happened.

Care should be taken to distinguish petit mal from the reflex phenomena (vertigoes, etc.) which so often occur in nervous children.

Its abrupt onset and transitory nature should differentiate petit mal from syncope and vertigo.

The more hopeful views at present entertained as to the prognosis of epilepsy are based largely upon its successful institutional treatment. William P. Spratling, whose large experience as superintendent of the Craig Colony, renders his opinion of especial value, says in his recent work on epilepsy: "Notwithstanding the chronicity of the affection, the results following treatment in many were such that I have no hesitancy in stating that epilepsy is not infrequently a curable disease,

irrespective of its duration, the rule being that recent cases are twice as liable to respond to treatment as chronic ones." Speaking of the influence of attacks upon the mind, he states that it is clear from his tables that the oftener the attacks occur, the less favorable is the mental condition, and he agrees with the general opinion that grand mal seizures are more amenable to treatment than petit mal or psychic attacks. He has observed that the greater the length of time between the appearance of the aura and the fit, the more readily will the case yield to treatment.

Of the medicinal treatment of epilepsy one must speak with reserve. The salts of bromide still occupy the leading place, and while it is conceded that they cannot by themselves be regarded as curative, it is probable that few severe cases of epilepsy are treated without the aid of bromide palliation. Bromide of potassium is probably most largely used. My own preference is for sodium salt, not only because of its higher percentage of bromide, but because it seems better borne by the stomach.

The most satisfactory preparation I have found to be a watery solution of some definite strength — say twenty-five or fifty per cent. The administration of this solution in vichy or apollinaris water seems to enhance its effect. No definite dosage of bromide can be prescribed for all cases. If the drug is called for at all it should be given in whatever dosage controls the attacks, and the quantity necessary for this result varies greatly in different individuals.

In using the bromides Spratling believes in restricting the ingestion of salt and keeping the doses as low as is consistent with a reasonable control of the epileptic phenomena. He finds that under the withdrawal of salt from the diet ten grains of bromide is as effective as twenty grains in the ordinary way.

Opium as an adjuvant of the bromides in the treatment of epilepsy, has been highly lauded in rare cases which fail to respond to bromide treatment alone. This plan of treatment necessitates the administration of large doses of opium, and its popularity has greatly waned.

Innumerable drugs have been praised and hailed as cures of epilepsy, but, unfortunately, very few of them are worthy of even mention. The reported results from the use of Œnanthe crocata, cotyledon, solanum caroliensis, and others have been conflicting and the conclusion is that their rare successes have been in symptomatic convulsions rather than in true epilepsy.

No treatment of epilepsy can be successful which is not based upon attention primarily to the individual rather than to the disease. In order to overcome hereditary tendencies, irritable nerve centres must be trained to a condition of stability. This can be done only by the enforcement of a carefully arranged

schedule of living, including occupation, exercise, rest, and recreation modified in accordance with the special needs and limitations of each case.

Faulty metabolism and autotoxæmia should be corrected by compelling the patient to follow a thoroughly detailed plan of diet. Free elimination should be secured by daily graded baths, deep breathing, and the promotion of renal and intestinal activity. The more absolute and persistent the submission to such regulation, the greater the hope of amelioration or cure.

In a letter recently received from Dr. Hartstein W. Page, superintendent of the Hospital Cottages for Children, he says: "We have no secret, peculiar, or special remedies, prescriptions or methods. We rely largely upon regulation of diet, functions and habits. I believe that discipline, firm, steady, kindly, is of great importance and value in these cases. We do not exclude bromides from our treatment, and after a somewhat wide observation, I do not believe the bromides are responsible for so much mental deterioration as has been claimed by some and feared by many. Of the epileptics now with us, about twenty per cent have ceased to have attacks and have had none for periods ranging from one to five or six years. I believe many of them would go on indefinitely without attacks if they were to remain under these conditions, but that many, if not most of them, would relapse upon returning to the ordinary conditions of the homes from which they come. I do not include in apparently cured, cases which are being carried along without attacks by anti-spasmodic treatment. Some of our best apparent cures have been in cases where no anti-spasmodic treatment has been given."

In the last report of the Massachusetts Hospital for Epileptics, the superintendent, Dr. Everett Flood, dwells upon the value of routine life, and calls attention to the desirability of having patients partake of their food with moderation, at regular intervals, and with thorough insalivation.

These views are in perfect accord with the opinions of the most experienced observers who agree that in the cure for epileptics the chief reliance must be upon hygienic and moral regulation.

In the administration of such treatment the general practitioner is greatly handicapped because of his difficulty in controlling patients, and it is for this reason that institutional or colonization treatment affords the best results.

We are fortunate in having in Massachusetts two institutions to which we can send epileptics with full confidence that they will receive careful individualization, and treatment by the best therapeutic methods.

The Massachusetts Hospital for Epileptics, located at Monson, Mass., (Post Office and Railroad station, Palmer) accommodates about five hundred patients.

Epileptics over fourteen years old are admitted to this hospital as follows:

1. The regular insane commitment, such as is used at the insane hospitals.
2. The same indigent; in this case the approval of a judge is required, in addition to the physicians' certificates and the notification of the town authorities.
3. The same private, in which two sureties are required to sign the patient's application.

Each patient is required to work as much as he is able. Patients are not allowed to go to town alone, nor to walk out alone. They are expected to live on plain diet, and to go to bed early. These restrictions are not irksome when they are fully understood, and can be complied with easily.

The Hospital Cottages for Children, at Baldwinville, care for about one hundred and fifty children. This institution is supported largely by endowments and private charity.

The noble work it has accomplished and the excellent results obtained surely entitle it to an annual State appropriation.

The class of cases cared for at this Hospital are:

First. Children under fourteen years of age, suffering from epileptic or epileptiform seizures.

Second. Children suffering from other nervous disorders, not feeble-minded.

Third. Children with deformities, with disease of the hip, knee, and other joints, spinal disease, infantile paralysis, and other affections where the disorder is likely to require a long residence in a hospital,

Fourth. Children needing operation or fitting of supports. These return to their homes as soon as the appliances are well fitted, usually in a few days, and may be brought to the Hospital at short intervals for observation.

Children are supported in the following ways:

First. There are a few free beds. Those who maintain them may nominate children to occupy them. There are not nearly enough free beds to provide for all who apply for them.

Second. The Children's League assists in the support of a few cases, but the League beds are also in great demand and are rarely vacant. For information relating to the League write to Mrs. J. K. Dexter, 27 High Street, Springfield, Mass.

Third. In many cases the town where the child is settled is willing to pay the charity rate, $3.25 per week, which is below cost and is offered in these cases in consideration of the assistance this institution has received from public and charity funds. Those desiring this aid should arrange with the overseers of the poor of their city or town.

Fourth. In some cases where the child has no town settlement, the state authorities are willing to pay the charity rate

as above. If this aid is desired, arrangements should be made with the State Board of Charity, State House, Boston, Mass.

Fifth. Those who are able are expected to pay according to their means and the accommodations desired. The average cost is from $4.00 to $5.00 per week. For those outside Massachusetts the rate is seldom less than $5.00 per week. If a private nurse or extraordinary attention is required, the charge is graded to fit the conditions. The income from invested funds, and the contributions of charitable people make it possible to offer rates below cost, down to $3.25 per week, in cases unable to pay more. Occasionally children are supported by some society or organization in their own community. In all cases under this fifth head, a bond is required which insures to the Hospital the pay agreed upon.

No other legal papers or proceedings are required, but any suitable case may be received without formality if there is a bed available and the support has been provided for in one of the above ways. Admission blanks and further information will be furnished upon application to the superintendent.

Vicious children, or those with contagious diseases, are not received.

CONVULSIONS IN CHILDREN.

BY J. HERBERT MOORE, M.D., ASSOCIATE PROFESSOR OF DISEASES OF CHILDREN, BOSTON UNIVERSITY SCHOOL OF MEDICINE.

The workings of nature, within or without the human body, are never of the haphazard order but are always due to definite causes. This is illustrated in the reason why those irregular discharges of nerve force, known as convulsions, are much more common in children especially during the first two years of life, and here the more common the nearer is the infant to the beginning of its existence. This reason lies not so much in the fact that the brain substance at birth is about 14 per cent of the body weight, as against 2.4 per cent in the adult, nor in the fact that it doubles its weight during the first year of life; but the reason of the liability of the infant and young child to convulsions lies in the manner of development of the various parts of the brain during the period of infantile and young child life.

The cerebellum develops more rapidly than any other portion of the brain, and the frontal lobes more slowly. The nerve cells of the cord and spinal nerves are well developed in the infant, but not so the multipolar cells in the gray matter on the surface of the brain, nor the pyramidal bundles of nerves connecting these cells with the basal ganglia and internal capsule.

The practical bearing of all this is that this development of the excito-motor centres of the cord and medulla, and the un-

developed condition of the higher control centres as well as of the connecting tract between the two, explain the fact that most of the movements of the infant are reflex. This manner of development also explains the proneness of infants to become convulsed when abnormal or additional irritation is present at the seat of origin of these reflex actions, devoid as these latter are of the controlling or inhibitory action of the higher control centres as yet comparatively undeveloped.

When the physician is called to a child in convulsions the problem for him to solve is the cause and essential nature of the same. First, are they due to direct or reflex cerebral irritation? If direct, is this direct cerebral irritation due to abnormal conditions operating within or without the brain?

A valuable diagnostic point right here is the presence or absence of high temperature, and of characteristic symptoms of individual diseases capable of directly irritating the brain substance whether originating within or without the brain. If high temperature be present the only condition originating within the brain capable of producing the convulsions will be acute meningitis, and this will demonstrate its existence by its characteristic symptoms. In cases of this kind the possibility of the presence of otitis should not be lost sight of, nor its necessary treatment of puncture of the drum head. Excluding acute meningitis, convulsions accompanied by high temperature will be found to be due to causes directly irritating the brain, but originating outside the brain; and constituting the toxic irritation of the zymotic diseases, or due to toxins or hyperpyrexia accompanying severe cases of other acute diseases.

Moreover these diseases, whether scarlet fever, diphtheria, influenza, ilio-colitis, pneumonia, or the like, will reveal to the careful diagnostician sufficiently characteristic symptoms to acquaint him with the fact that he is dealing with an acute and severe disease originating outside of the brain; and in a day or two, with careful watching, will present individual symptoms enabling him to diagnose the exact nature of the acute disease.

Of the remaining cerebral diseases producing convulsions by directly irritating the brain, after excluding acute meningitis with its high temperature, such as hemorrhage, tumor, abscess, hydrocephalus, embolus, thrombosis and epilepsy, they are not only not accompanied by high temperature, and in this connection the lower temperature of tuberculosis meningitis with its evening aggravations should be kept in mind, but they soon present sufficiently characteristic symptoms to distinguish them from the various diseases and disturbances causing convulsions by reflexly irritating the brain.

When the absence of these characteristic symptoms, and of high temperature, has enabled the physician to eliminate the possibility of the convulsions being due to diseases producing

direct irritation of the brain, the problem is solved that the convulsions are due to reflex cerebral irritation; and the cause must be sought in the various conditions of system or individual organ capable of reflexly irritating the brain to the extent of producing these nerve explosions.

In this paper I want to especially emphasize that the most frequent predisposing cause of these reflex convulsions is that condition, in which all the tissues from brain to brawn are so poorly developed and nourished, known as rachitis; and that the exciting cause is gastric or intestinal indigestion, or both, due to the presence or result of indigestible food or improper artificial feeding, which latter in most cases has been the prime cause of the rickets itself. Consequently in cases of convulsions, which do not present definite symptoms of direct cerebral diseases, always give due consideration to the possibility of rickets being the underlying cause.

Another condition often seen in these days of improper artificial feeding by the various proprietary foods of insufficient fat and excessive proteids is a certain type of malnutrition which, with its accompanying stomachic and especially intestinal indigestion, produces upon the brain a spurious form of hydrocephalus. In these cases, which, for some reason, do not take the path of rickets, the low nutritive condition of the system combined with the irritating effect of the undigested food in the digestive tract reflexly produces upon the brain effects which give rise to convulsions and other hydrocephalus-like symptoms which very closely resemble the convulsive seizures of tuberculous meningitis.

The following clinical case well illustrates this last type of cerebral irritation, and is of especial interest, inasmuch as at no time were there any indications of rachitis. This case further teaches us the important lesson that woman's milk, when unsuited to the individual infant, may be as harmful as any equally unsuited artificial food. In this case nothing abnormal was found in the mother's milk, except that it contained an excessive amount of proteids, which factor was the sole cause of the child's sickness. M. C., born Nov. 11, 1904, a perfectly healthy infant weighing eight and three-quarter pounds at birth. Breast fed until Feb. 6. Perfectly well until two weeks from birth, or Nov. 25, when troubled with much colic and aggravated after every nursing, then severe colic set in lasting until nearly time for next feeding. This was accompanied with curds in the stool. Conditions continued until Feb. 6, when baby was taken from breast and fed with proprietary food. Conditions went from bad to worse until Feb. 11. On this date, at 1 A.M., infant awoke with hard breathing, moaning, unconscious and rigid. More or less rigidity for eight hours, followed by convulsions lasting three-quarters of an hour.

Saliva running from mouth at beginning of convulsion. After the third convulsion in twenty-four hours, infant was reported to present following symptoms: body rigid; carpo-spasm; head turned to left side; Cheyne-Stokes respiration; temperature, 100; pulse 135 and irregular; vomiting; rectal nutritive enemata not retained. Remained in much the same condition until Feb. 13, except as effect of opiate had worn off. On this date baby again put to breast for twenty minutes every two hours. Most of milk retained but infant crying most of the time and in great distress from gas and colic after each nursing, with curds in the stools. Tuberculous meningitis was diagnosed by the physician in charge. Ice cap put to head brought temperature down to 98°.

No convulsions or rigidity from Feb. 12 to 16, but all symptoms of indigestion continued. On Feb. 16, at 8 A.M., convulsions lasting a half hour. Infant reported to awaken from sleep with heavy breathing, short sharp cries, violent twitchings more prominent on left side; left corner of mouth drawn down, pupils dilated, Cheyne-Stokes respiration, very sensitive to slightest sound. Infant now put on Eskay's food, but always vomited before next feeding. At this stage of the case the attending old school physician, with commendable frankness, advised parents to call in any other physician that they might see fit, as he gave up the child to die with tuberculous meningitis.

On Feb. 20, I was called in to the case. After carefully observing the baby for an hour, and a study of a complete record of the case taken from an intelligent mother and nurse, I was convinced that the case was one of excessive irritation of the cerebral centres due to the prolonged irritation which had been going on in the intestinal tract from both the breast and proprietary food, which had caused the trouble from its excess of proteids; for the baby's history of indigestion from start to finish had been of the proteid type. The resulting malnutrition, of course, had its influence in bringing about this condition, inasmuch as the baby's weight at this time, over three months from the birth-weight of eight and three-quarter pounds, was only nine and one-half pounds.

Treatment was begun in accordance with this diagnosis, and the baby was at once put on modified milk prepared at the Walker-Gordon Laboratory for two reasons. First, if the baby were to live, fat and proteid nutriment of a digestible type must be furnished at once; and second, there was no way of furnishing sufficient proteid which could be digested than by the laboratory method of splitting the whole proteid, and recombining its whey proteid and caseinogen more after the proportions as they exist in woman's milk. The laboratory feeding was so eminently satisfactory that I give in full the prescriptions used in the case:

		FEEDINGS		PRESCRIPTION							
Date	R No	No	Oz	% Fat	% Sugar	% Prot.	% Whey Prot.	% Case Ino.	% L Water	Heat	Weigh
Feb. 21	5254	10	2	3	6		75	25	5	No	9½ lbs.
" 25	5270	10	3	3.50	6.50		75	25	5	No	9¾ lbs.
Mar. 10	5346	10	3	4	6.50		75	25	5	No	10 lbs.
" 14	5378	10	3½	4	6.50		75	25	5	No	
" 15	5402	10	4	4	6.50		75	25	5	No	10¼ lbs.
" 23	5450	8	4	4	6.50		90	25	5	No	10½ lbs.
Apr 4	5527	8	4½	4	6.50		90	35	5	No	11 lbs.
Apr 8	5563	8	4½	4	7		90	35	5	No	
Apr 13	5591	8	4½	4	7		90	50	5	No	11½ lbs.
Apr 16	5618	8	5	4	7		90	60	5	No	[Apr 20
Apr 23	5668	8	5	4	7		90	75	5	No	12 lbs.
Apr 26	5708	8	5	4	7		90	60	5	No	12½ lbs.
May 8	5788	8	5½	4	7		90	75	5	No	13¼ lbs.
May 24		8	5	4	7		90	100	5	No	
May 25		8	6	4	7		90	75	5	No	14 lbs.
July 8		6	6	4	7	1.50			5	No	

The satisfactory and progressive gain in weight, as outlined in the accompanying chart, should also be noted. Right here let me emphasize the great advantage the laboratory method affords in being able to correct the proteids of cow's milk from its indigestible five-sixths caseinogen and only one-sixth lactalbumin into the digestible two-thirds lactalbumin and only one-third caseinogen of woman's milk. Without this assistance of immediately furnishing nutriment to the child, which would not irritate stomach, intestines, and through these the brain, the result of this case would certainly have been fatal.

Of equal advantage in restoring health during the critical weeks which followed in this extreme case were the old guard homœopathic curative remedies, of which only three were used throughout the case, namely, belladonna, nux vomica, and helleborus; each prescribed at different times in accordance with its indications. I regret space alloted to this paper prevents me from individualizing and demonstrating their respective symptoms and clinical results. Let me merely add that hellebore was especially uselful in "curing" (for I like the word in connection with homœopathic therapeutics) the abnormal cerebral conditions per se, and nux vomica in taking care of the stomachic and intestinal irritation, as well as of the hypersensitive connecting nerve tracts, hereby reducing excitability to its minimum.

Perfect recovery took place in this case in from two to three months' time, and at present writing the patient is a perfectly healthy child, eighteen months old, with her twelve teeth, and weighing twenty-seven pounds, or five pounds beyond the average for her age.

Another important condition not infrequently giving rise, according to my experience, to convulsions in the young child

by reflexly irritating the brain is dentition. I believe some authorities err in restricting this condition to such a small proportion of cases as that it is mentioned only to refuse it a place as a tangible cause of convulsions. That dentition will not so act in a perfectly normal child is a point well taken; but given a child of a hyperæsthetic nervous organization, perhaps inherited from neurotic parents, and I believe the irritation set up in the gums, not always at the apex of the tooth but sometimes at its root instead, can travel over the nerve connections to the cerebral centres to the extent of causing these nerve explosions in much the same way as we have seen it travel from the digestive tract.

In these cases chamomilla takes first rank in interrupting this reflex irritation as we have seen nux do in the intestines, while for the cerebral condition itself belladonna is the most frequently indicated remedy. One case in point, a child with no symptoms of rachitis, and in every way healthy and normal save a neurotic temperament had under my observation very severe convulsions upon the advent of two of the temporary molar teeth, upon two different occasions of a month or six weeks apart. In this case belladonna acted most satisfactorily, not only at the time of the convulsions but in controlling the subsequent nervous hyperæsthesia.

In the treatment of convulsions in children and their underlying and accompanying conditions, when we consider that all old school therapy offers are chloroform, chloral, morphine and the bromides, all merely physiologically or palliatively acting drugs, we can turn to our homœopathic therapeutics with much satisfaction; for here we find our specific or curative acting remedies as illustrated by our belladonna, helleborus, zincum, bryonia, apium virus, arnica in the ordinary forms of cerebral meningitis; bryonia, cuprum and zincum in the delaying or retroceding rashes of the eruptive diseases; chamomilla and nux in the reflexes of dentition and digestive disturbances; hyoscyamus in curing that nervous hyperæsthesia following convulsions and making, by its manifestations, the anxious mother feel that her child is always on the brink; actæ, cicuta and ignatia for the lesser manifestations of nerve explosions; not to mention the deeper acting remedies indicated in the various diatheses or dyscrasias leading up to the convulsive territory.

In closing I want to mention the possibility of genuine assistance sometimes afforded us by one, and the least harmful, of the old school physiological measures noted above. This is the intelligent use of bromide of soda in recurring convulsions which cannot be prevented because of the impossibility of removing the cause; such for instance, as prolonged irritation in a rachitic child of a troublesome and slowly developing tooth when the

irritation is not at the apex removable by lancing or friction on the gums, but in the upper part of the tooth imbedded where no mechanical measures can be of service. The value of bromide of soda in such cases is in keeping down the number of convulsions, which, for mechanical reasons, do not yield to our specific remedies, and which if too often repeated might lay the child liable to permanent cerebral mischief, prominent among which stands out the tendency in such cases to the development of a genuine and permanent epilepsy.

FIRST REPORT, MEDICAL AND SURGICAL, OF THE EMERSON HOSPITAL.

BY NATHANIEL W. EMERSON, M. D.

(*Continued from May.*)

Four Cases of Myomata Uteri Complicated by Pregnancy.

Mrs. E. C. P. (aged thirty-five years). Entered hospital Aug. 22, 1904. For ten years has known that she has had some kind of a bunch in the left side. Menstruation always irregular and flow moderate, lasting three days. On Dec. 7, 1903, two weeks overtime, gave birth to a female child which was abnormal and lived only thirty-six hours. She was of a proper size and well nourished, but the body was deformed with the legs thrown across the face and arms distorted. The ears and hands were badly misformed. The patient flowed excessively, alarmingly so, but finally got up well. Next menstruation occurred on Feb. 28, when she flowed most profusely for about two weeks. She must have become pregnant shortly after his, and first felt motion about the middle of July. She has not felt well since the previous confinement, and has had pain in the left side all the time. A misstep hurts; pulls and tears. Has grown worse lately. Cannot go up and down stairs. In neither pregnancy has there been nausea or vomiting, but she "feels sick all through." Nose bleeds often and freely, and did so in the last pregnancy. Toward the end of the latter the feet and legs were swollen; nothing of this kind at present. During the latter part of the previous pregnancy she felt no motion. No urinary trouble. Bowels regular. Appetite good. Is now abnormally large for a six months' pregnancy, and larger than before at a corresponding period. The most comfortable position is sitting up straight with the weight thrown on the left arm. Cannot lean back in a sitting position, because it "pulls so." In bed she is in the most comfortable position on the right side.

She was under observation in the hospital a week before the

operation was decided upon, and during that time her condition grew perceptibly worse. She could not lie down for any length of time but sat up most of the time in an upright position with the weight thrown upon the left arm, the latter being supported upon the arm of a chair. She had been obliged to occupy this position for so long a time that she was worn out by it.

The examination showed the abdomen enormously distended, irregular in outline, and exquisitely tender on the left side. The uterus was low in the pelvis and filled it, and I could not see how a child at full term could be safely delivered.

The determining factors in deciding to operate in her case were her present discomfort, which was already well-nigh intolerable; the practical impossibility to carry her child through to term, or even until the child might be viable; and the serious hemorrhage at the time of her previous confinement. Hence, I had no hesitancy in determining that an abdominal hysterectomy was necessary. Some influence in this decision was undoubtedly exercised by the condition of the former child, which was so deformed that its death shortly after birth was a blessing. Consequently an abdominal hysterectomy was undertaken and completed with no unusual difficulty, and her recovery was prompt and without incident.

Mrs. L. W. B. (aged forty-one years). Has had no children, and never pregnant before. A short time ago she first noticed a hard bunch in the right side, which has grown since her first observation. Last regular menstruation was nine weeks ago; although five weeks ago, when menstruation was due, she had a slight bloody discharge. She has usually been regular. She thinks the breasts have slightly enlarged during the last month.

Examination showed a uterine mass filling the pelvis, rising well into the lower abdomen and pressing forward on to the bladder. It was slightly movable, but very hard and irregular in outline, and the diagnosis of myomata uteri was made. The question of pregnancy was discussed but dismissed as improbable. The tumor was removed by abdominal hysterectomy; and after its removal, upon opening it, was found to be pregnant—at about the second month. The breast changes were considered no more characteristic of pregnancy than they might be in any case of myoma where the breast shows some change. It is not infrequent to find some enlargement and sensitiveness, and even slight discoloration, about the nipple in the breast of a woman with a myoma, especially if for any reason it has entered a stage of growth and enlargement, and in this case the changes of the breast were so interpreted. The increase in size of the uterine mass was only suggestive of a possible pregnancy, but the latter was not deemed sufficiently probable to be accepted. However, in this particular case, from the shape and size of the tumor, and the relation of the

different growths to each other, even had I been absolutely sure pregnancy existed, I think I should have advised an hysterectomy just the same.

Mrs. C. M. (aged thirty-four years). This patient has had no children and no miscarriages. Eight to ten years ago she began to "run down," as she expressed it. Menses have been regular, with pain for a week before the appearance of the flow. For the last three months there has been no appearance of menstruation until the night previous to my first examination. There has been too frequent urination and considerable leucorrhœa.

An examination showed a large mass filling the pelvis and extending well into the abdomen, hard and firm, with an irregular outline. The cervix was low in the vagina and soft, as in pregnancy. There was some discoloration of the vagina; and a diagnosis was made of myomata uteri, with pregnancy. The next morning the patient was flowing very freely, and an examination showed a dilated cervix with the products of miscarriage presenting, and an immediate operation was determined.

An abdominal hysterectomy was made, during the course of which the products of the conception were expelled intact into the vagina. The tumor presented in the cavity of the uterus hard, firm, and unyielding, and it seemed as if a pregnancy to full term would have been impossible. This case made a satisfactory and uncomplicated recovery.

Miss F. H. (aged thirty-one years; with her home in Canada). About a year previous to my first seeing her she noticed that menstruation was becoming more profuse and continuing longer; and about eight months ago it continued for three weeks and was very profuse. She has always been irregular, with a flow for seven days, normally with a three weeks' interval. Six months ago the flow lasted only one day, and since that time there has been none whatever. For the past several weeks she has had a great deal of pain through the lower abdomen, especially on the left side. She has grown very large, and respiration is embarrassed. Is constipated. Urination is very frequent, and for the last two or three weeks she has not slept well.

Examination showed the abdomen greatly distended, very acutely sensitive on the left side, with a hard, irregular mass filling the pelvis; and the diagnosis was made of a myomata uteri with pregnancy.

After carefully considering all the circumstances of the case, and with the consent of the attending physician, an abdominal hysterectomy was decided upon, and performed; and she made an uninterrupted recovery. The uterus was as anticipated, pregnant; but as she was only about five and a half months

pregnant, we could not determine how it were possible for her to go to full term with safety and be safely delivered.*

A Group of Miscellaneous Cases of Unusual Interest.

Mrs. A. L. (forty years old). Operated on four years previous to entrance here for a ruptured extra uterine pregnancy of the right side. Has since been well until four days ago, when severe pain in the stomach, paroxysmal in character, developed shortly after eating a hearty supper. Vomiting soon came on and has persisted ever since whenever anything has been taken into the stomach. The pain has been very severe at times, and was especially so the night before entering. The upper abdomen was hard and distended and exquisitely tender. Upon exposing the abdomen, a ventral hernia presented, much distended, hard and sensitive to manipulation. Absolutely nothing had come through the rectum since the beginning of the attack, and her temperature was less than 100 and pulse 116. The patient's condition was not encouraging, however, and immediate operation was undertaken with the expectation of finding the obstruction to be due to strangulation of the intestines. The hernia was opened and found to be full of omentum and intestines, which were not confined other than as held by adhesions; but just behind them and partly projecting into the hernia was a loop of small intestines about two feet in length which was strangulated by another section of the small intestines. This latter had completely constricted the former, and was so confined by adhesions that the strangulated section would undoubtedly have become gangrenous if not released. All adhesions were broken up, and when the confined loop was freed, immediate improvement in its condition was perceptible. The color was better at once, and gas passed into and out of it spontaneously, and the well-marked site of confinement, which was narrowed by compression, expanded so freely that we decided to leave it without other manipulation than a general breaking up of adhesions. Her condition began to improve immediately. Ox-gall and oil enamata were given as high up as possible, and the next day a little gas and a slight amount of fecal matter came away. On the next day gas began to be expelled spontaneously, and on the fourth day a soapsuds enema was followed by most excellent results. From this time forth there was nothing of incident to relate, and the recovery was satisfactory.

Miss E. S. (forty-nine years old). This was another unusual and remarkable case. This patient had been a semi-invalid for a number of years. I was called to see her because of an unusually severe and acute attack of appendicitis, and advised

* To those who are especially interested in fibroids and in what relates to them, I would say that the Museum of Boston University School of Medicine has a very interesting group of pregnant fibroids which are well worth inspection.

immediate operation. She was exquisitely tender and no thorough examination of the general cavity could be made. She was operated in the evening of the afternoon following my first visit, and an acutely inflamed appendix was found and removed; but after she was anesthetized there was also discovered, high up in the left side, a cyst. The incision for the removal of the appendix was enlarged sufficiently to allow of the introduction of the whole hand for the purpose of examining this cyst. This showed it to be behind the peritoneum and filling the whole of the space lying posterior to the descending colon. Her condition was such that it was deemed unwise to attempt an extirpation of what was without doubt a cyst of the left kidney. To have done it at this time it would have been necessary to make another incision, since it could not be dealt with through the one through which the appendix was removed. Furthermore, it was impossible to determine exactly what influence this cyst had upon her condition, since its presence had not before been known; therefore it was deemed best, through a lumbar incision, to open the cyst. This was done, and an amount of fluid estimated at about a pint and a half was evacuated, and free drainage instituted. From that time on her condition was very unsatisfactory. The appendix wound healed by first intention, and all symptoms referable to the appendix disappeared but her general condition was unfavorable, and in spite of all we could do, it was impossible to get her satisfactorily recuperated. It was determined, therefore, to extirpate the kidney through a lumbar incision and a month after the first operation this was done, and a large multi-locular cyst of the left kidney was removed. It was so large, despite the fact that its largest cyst had been evacuated, that it filled the upper portion of the left half of the abdomen, although I think it was still growing and had increased in size since the last operation. It was finally enucleated and delivered, the vessels tied off, and as much of the ureter, about two-thirds of it, was obtained as could be done without the expenditure of too much time. This was done without opening the peritoneum, and very free drainage was instituted through the lumbar incision. No hemorrhage of any kind occurred, yet the shock was profound, and for a long time her condition was most precarious. The remaining kidney was uncertain in its function, and at one time for several days it seemed impossible for her to survive; but slight improvement took place and by careful attention to her diet and unfailing persistence in care and attention she gradually improved until complete recovery followed. The wound healed, the stomach, which had been very intolerant, became more normal, the remaining kidney took up its function splendidly, and a complete recovery is the result. Examination of the cyst revealed no kidney substance whatever.

Miss G. G. (aged twenty-two years). Entered hospital Nov. 22, 1905. Late in the afternoon this patient's hair caught in the shafting in the shop where she worked, and with greater rapidity that the eye could follow, she was tossed in a heap on the floor with a profuse hemorrhage covering her head and face and accumulating in a pool. Her mates were frightened and left her, and she, alone and unassisted, went to the faucet, turned the water on and held her head beneath it. Assistance then appeared, her head was swathed up as best it could be, and she was sent to the hospital, where we were able to minister to her about two hours after the occurrence of the accident. She was pale and bled out, the hair was matted into an enormous blood-clot from which protruded several hairpins, and the real nature of the injury could not be determined until the whole head was shaved. Then it was found that she had been completely scalped, and that there was a defect in the scalp which had been torn away, running irregularly across the vertex from before backward, nearly as large as the palms of two hands. The scalp itself was separated from the cranium throughout its whole extent, so that had an incision been made just above the brows, extending around the head just above the ears and beneath the occiput, the whole scalp would have dropped away. As she lay on her back on the operating table, the loosened scalp sagged away from the cranium so that one could have put a double fist into the pouch formed below the occiput. In the mass of hair and blood-clot were found two pieces of detached scalp. These were carefully preserved, shaved, and kept moist in a warm salt solution. After shaving and thorough cleansing of the scalp, these two pieces were inserted into the defect, with the hope that they would maintain their integrity and grow back into place. This they failed to do eventually, but they served the useful purpose of bringing the loosened and sagging scalp into accurate position upon the cranium and holding it there. These flaps were sewn in by means of silk-worm gut and catgut and accurately coaptated to the margins of the scalp. When they were finally in place, that portion of the scalp which was intact but separated from the periosteum below, was drawn into position and held there. There was still however an insufficiency of scalp to cover the defect greater than the palm of an average hand. The wound was dressed in sterile gauze wrung out of normal salt solution, and at first it looked as if the parts inserted were going to be maintained.

On Nov. 24 (two days later) dressed for the first time, and drainage (rubber tissue) removed. Impossible to tell if the inserted skin-flaps will be revived. Nov. 25, no discharge whatever, and everything satisfactory and most promising. On the fourth day the inserted portions rapidly changed, and one could see that they had lost all vitality. In the meantime,

however, these portions of the scalp that they had held in place had set up adhesions so satisfactorily that one would never suppose any such general separation had taken place. On the sixth day a portion of the stitches were taken out, and on the ninth day all of the inserted pieces were removed. On the fifteenth day after the accident, the bottom of the wound having granulated well in the meantime, skin-grafting was undertaken by the Thiersch method. Large grafts were taken from the thigh and carried directly to the wound, where they were put into place without coming in contact with anything. No salt solution was used in connection with them, and they were rapidly cut and rapidly transplanted. The whole of the denuded area was not covered, probably about three-quarters of it only, and every graft thus transplanted was most satisfactorily maintained in place. They did not spread, however, as rapidly as was hoped they would to cover the places still denuded, and granulation became so exuberant in these places that on Dec. 29 the skin-grafting was repeated, and the smaller denuded areas were all covered with grafts again taken from the thigh. These in turn all maintained themselves until, when she was finally discharged, the defect in the scalp was entirely closed.

The outcome of this case is far beyond what one could reasonably expect, and there were several noteworthy features about it.

The accident happened with such rapidity that there was no pain, and from beginning to end, the patient (a nervous and excitable young woman) never complained of a bit of pain. The only time she made complaint was on the cars when she was being brought to the hospital, and this was caused because the comb or the hairpins which were mixed up in the blood-clot were pressing into the wound.

Then from beginning to end there was no slightest sepsis about the case, which seemed almost remarkable, because of the extensive denudation and the remarkable vicissitudes to which the wound was subjected before we had it in hand.

Then also the inserted portions of the flap just failed of nourishment, and had they been out of position a shorter length of time, or had they not become chilled, I believe they would have survived. At any rate, under similar circumstances, nothing could be devised which would so satisfactorily hold the rest of the scalp in place.

Mr. E. F. F. (aged fifty-six years). For a long time this patient had had trouble with his urine, until, at the time he was first seen by us, the desire to urinate was well-nigh constant, as often as every half-hour, with perhaps longer intervals at night; and he got rid of a very small amount of urine. He was sensitive to pressure above the pubis. Upon introducing a

sound into the bladder, it immediately came in contact with a stone; and the next day after his admission a supra-pubic cystotomy was undertaken, and a stone was removed, which was the largest the writer has ever seen removed from a living person. The bladder was much thickened, and so contracted above the stone that the latter practically filled the bladder in its contracted state, and there was no room for an accumulation of urine. He bore the operation well and made a most satisfactory recovery, and at the time he left the hospital the bladder had held at one time twelve ounces, and he was passing between forty and fifty ounces of urine per day.

Seven months afterward he was referred back to me because of an irritated condition of the bladder. At first I was inclined to scout the idea that there could be any further trouble with the bladder beyond the fact that the prostate was somewhat enlarged; and I had him under observation some time before passing a sound, when I again found a stone. As I was absolutely positive no stone was left behind at the first operation—the very nature of the case forbidding this—it seemed almost incredible that in six months a stone of any considerable size could be formed again. This time I determined to open the bladder through the perineum, and at the same time deal with the prostate; and this was done. Upon opening the bladder, a stone as large as the lower half of one's thumb was found and readily removed, and at the same time the enlarged prostate gland was taken away. He was very nervous and excited through the following night, talking constantly, and at first his temperature was sub-normal, 97 2-5, with a pulse of 120, but he quickly rallied from this and made a most satisfactory and prompt recovery. After the operation the temperature went to 100, and staid there for two days, was then 99 3-5° the next day, after which it dropped to normal with a pulse between 70 and 80. He was up and about, and had been told he could go home. His wife came to see him to arrange for him to go at the time of her next visit, and he went with her to escort her to the cars when she left. The day was a little unseasonable (although the latter part of July), and he "took cold," and the next day had a temperature of 100 2-5 in the morning with a pulse of 118; in the evening it was 102; and the next evening 106, with a pulse of 150, at which time he had a violent chill. For the thirty-six hours preceding the chill he had passed practically no urine. There was frequent desire to urinate, but in the whole twenty-four hours there was only six to ten ounces; nor could we, in spite of all attempts, again get a satisfactory secretion of urine. The temperature the morning after the chill fell to 99 and the pulse to 100, but temperature and pulse were both erratic thereafter; and he died on the tenth day.

Mrs. ——. While standing on one foot with the other bare foot resting on a marble wash stand, the upper foot slipped suddenly into the wash bowl. The heel struck with such violence that an irregular piece was knocked out of the bottom of the bowl and the heel and part of the foot were thrust through with such great violence that the jagged edge of the fracture in the bowl completely severed the ligamentum achilles just above the insertion into the *os calcis*. A ragged and gaping wound was made.

The patient was brought to the hospital at once and after etherizing, the wound was most carefully and thoroughly cleansed. The ligament was cut so definitely with absolute lines of demarcation from other tissues that most accurate union was possible. Two deep silk wound gut sutures were put in, and one stout silver wire was passed quite high through the upper end of the ligament. These brought the cut ends together, after which accurate coaptation of the edges of the ligament were made with fine catgut. The skin was closed and the leg put on a right angled knee splint with the foot held in extreme extension. Union took place throughout by first intention and the result is perfect. One would not know the accident had occurred except by the cicatrix in the skin.

All the cases upon which this report is based are summarized in the accompanying table.

Rockefeller Institute for Medical Research.— The new laboratories of this institute were opened on May 11th with due ceremony. Addresses were made by President Eliot of Harvard University, President Butler of Columbia University, and Dr. W. H. Welch, President of the Board of Directors.

Quite contrary to the generally-expressed opinion concerning the ability of human beings to live for a prolonged length of time without food of any kind is the case of those miners recently entombed in a mine in northern France. It was supposed, after a week or ten days subsequent to the entombment, that none of the men could be rescued alive. Efforts directed toward such a possibility were therefore terminated. One of the members of the salvage corps engaged in repairing the mine twenty-five days after the accident was much shocked to encounter in his excavations a sufferer who called to him for aid. Several of the miners have thus been unexpectedly rescued, and feeling in the adjoining village has become very bitter because attempts at rescue were so soon stopped. This, with other similar accidents, should teach us that where individuals can obtain even a small amount of water it is possible to live without food for a much longer time than has formerly been supposed.

Fold Out Here

* * *

Matt

Summary of Abdominal Ca

DIAGNOSIS

Adeno-carcinoma uteri
Adhesions of intestines
Adhesions of omentum
Appendicitis, acute
Appendicitis, acute, colic[illegible]
Appendicitis, acute, [illegible] of lumen, d.
Appendicitis, acute, [illegible] ovary, d.
Appendicitis, acute, peritonitis ovary, d.
Appendicitis, acute; [illegible]

Appendicitis, [illegible] ovary, d.

Appendicitis, [illegible]

Appendicitis, [illegible]

Appendicitis, [illegible]

EDITORIAL.

Books for review, exchanges and contributions—the latter to be contributed to the GAZETTE only, and preferably to be typewritten—personal and news items should be sent to THE NEW ENGLAND MEDICAL GAZETTE, 80 East Concord Street, Boston; subscriptions and all communications relating to advertising, or other business, should be sent to the Business Manager, Dr. WILLIAM K. KNOWLES, 40 Mt. Pleasant Ave., Roxbury, Mass.

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Reports of Societies and Personal Items should be sent in by the 15th of the month previous to the one in which they are to appear. Reprints will be furnished at cost and should be ordered of the Business Manager before published, if possible.

NUX VOMICA IN EPILEPSY AND CHOREA.

Satisfaction of a deep and encouraging sort may be found in the fact of an old school physician naively and apparently unconsciously urging a line of treatment which is homœopathic, and of arguing strenuously for small doses, basing his claims and arguments upon the results of personal investigations. Such satisfaction may not be an everyday experience, but perhaps for that reason it may be more than excusable to call the attention of our readers to the following quotation from the London Daily Mail which was printed in the Boston Transcript for March 24, 1906. One cannot read the clipping without noticing the statement attributed to van der Kolk that there is "marked similarity between the progress of an attack of epilepsy and cases of strychnine poisoning," or being impressed with Dr. Tyrrell's convictions that larger doses than are needed aggravate the condition under treatment; and that not only do small doses benefit the patient but "the smaller the dose the better the results." The word "small" evidently is used here in a very relative sense to mean smaller than the doses recommended in the "Pharmacopœia," and not the high "attenuations" of the homœopathic pharmacopœia. The article referred to reads as follows:—

"Some forty years ago the attention of Dr. Tyrrell of Harley street, London, was drawn to the work of van der Kolk of Utrecht, who had pointed out the *marked similarity* between the progress of an attack of epilepsy and cases of strychnine poisoning. It was this little fact that gave Dr. Tyrrell a hint as to that line of treatment in epilepsy.

Conium is markedly antagonistic to strychnine, and Dr. Tyrrell was led to give this drug a trial in his cases of epilepsy. He found that the conditions and all the symptoms were aggravated under treatment with conium, and following on this asked himself if conium is antagonistic to strychnine and aggravates epilepsy, why should not strychnine improve and modify the condition?

Dr. Tyrrell immediately experimented with strychnine. Large doses were given, with the result that the epileptic attacks were modified and in many cases inhibited, but only disappeared to recur later. He argued that as large doses gave only temporary relief, probably small doses continued over a longer period would lead to permanent cure.

The dose of strychnine was accordingly reduced, and reduced again and again, with *increased benefit to the patient* and marked and continued improvement. When the dose had been reduced to almost a minimum it occurred to Dr. Tyrrell that a milder form of the drug might be substituted, and in searching for this form he fixed on nux vomica.

Commencing with a moderate dose this was reduced again and again until a very minute quantity sufficed. Dr. Tyrrell found that the *smaller the dose the better the results*, and he now uses nux vomica purely as a form of food and tonic.

It is this *minute dose which does not find favor with the profession;* but Dr. Tyrrell suggests that because his dose is not mentioned in the Pharmacopœia it should not be argued that a small dose will not suffice. He has every justification for his belief, because the small dose has in his hands cured many epileptics, and led to great improvement in others.

One case will illustrate Dr. Tyrrell's point. A man whom he was treating was given a slightly increased dose of nux vomica, which was followed shortly by irritation and twitching of the muscles of the wrist. On going back to the small dose this condition disappeared, and did not return. Dr. Tyrrell finds that all forms of irritability of the brain caused by nervous exhaustion can be cured by his method. Insomnia, neuralgia and chorea come under this head."

It is not our purpose in referring to this subject to advocate the use of strychnine or nux vomica in the treatment of epilepsy or chorea but to urge a close analysis of the pathogenesy of

strychnia; to emphasize the fact that to be effective curatively a drug need not always be administered in massive or ponderable doses; and to show that occasionally testimony to the usefulness of the law of similars may be found in the utterances of physicians who are not homœopathic.

Confirmation of Dr. Tyrrell's belief that strychnine and nux vomica are curative of epilepsy has been sought for but very little is found in homœopathic literature. In a very instructive analytical and therapeutical study of strychnine by Dr. Thomas D. Nicholson, which is to be found in the Journal of the British Homœopathic Society for January 1905, it is stated that —"considerable success has been recorded of the administration of strychnine in other spasmodic diseases. Trousseau lauds it in chorea, and gave largish doses. Eustace Smith recommends it in chorea, as well as for the reflex convulsions in growing boys and girls (1 or 2 mins, of liquid strychnine with ergot), and it has been given with curative results in idiopathic epilepsy and in writer's cramp. Laura says, in his 'Pharmacotherapie Dosimétrique,' that its effects are marvellous in the latter disease, and I think the resemblance of the symptoms to those produced by strychnine is very close."

In a scholarly paper on "Epilepsy" by Dr. Giles F. Goldsborough (*vide* Journal of the British Homœopathic Society, for October, 1905) in which records of twenty-four cases were presented, nux vomica was referred to in connection with two cases (Nos. 21 and 24) but no cures or marked ameliorations were reported from its use. In the discussion of the paper, however, Dr. Speirs Alexander spoke of having given to a patient nux vomica 12, which immediately began to control the fits, which had been getting pretty frequent, perhaps two or three a week. The patient now never had a fit more than once in four months.

Dr. Richards Hughes in his "Principles and Practice of Homœopathy," page 382, includes strychnina and nux vomica in "our antiepileptic armory," saying, "Lastly, there are drugs which, though never causing epileptiform paroxysms, have an ascertained relation either to over-excitability of nervous centres or to their imperfect nutrition. In the first class are strychnia and its ores (as they may be called)—nux vomica and ignatia."

Dr. Hughes, also, more than twenty-five years ago, in his

"Manual of Pharmacodynamics" referred to Dr. Tyrrell's experiences as follows:— "Dr. Walter Tyrrell of Great Malvern, has published a series of cases of epilepsy, in which the curative effects of strychnia were not a little remarkable. He thinks that 'its value lies in the effect it has in deadening that condition of exalted sensibility and activity of the medulla oblongata, which most recent authors consider to be the predisposing cause of the disease.' If it does this, it must be by homœopathic action; and so indeed Dr. Tyrrell admits. His success, as reported by himself, is something marvellous: and the subject may repay investigation. His doses are those usual in the old school."

It is not at all unlikely that Dr. Tyrrell has modified his dosage since the above was written. If so it must be conceded that his experiences and arguments form a very pretty plea for homœopathy.

SOME WESTBOROUGH METHODS AND RESULTS.

It is always encouraging to hear of successful work accomplished by an individual or by an institution, and it is especially encouraging to hear of strikingly successful work done in a state institution which is under homœopathic management. The records of such an institution being state property, are free from the suspicion of modification to suit partisan pride. The following statements therefore, concerning the work done at the Westbourough Insane Hospital, contributed to a local paper by one who is conversant with the facts, but revised for presentation to our readers, are offered with full confidence that they will receive an appreciative welcome.

Aside from the alcoholics, more than three-fourths of the reported recoveries come from forms of mental diseases which number but a little more than one-fifth of the cases admitted, and which may be called curable.

For the five years of 1897 to 1901 both inclusive, the average recovery rate for the cases classified as curable, was 63.77 per cent. In 1902 Dr. George S. Adams, the superintendent, suffered a severe and long continued illness. The effect upon the hospital work of this interruption in his oversight was very apparent and showed itself in the fact that the curable recovery rate fell for that year to 40.74 per cent.

Then, about three years ago, Dr. H. I. Klopp was made assistant superintendent and was given, under the careful supervision of Dr. Adams, the special charge of the curable cases,

including both the men and the women. The following plan of work also was adopted. Every day when the physicians had returned from their morning rounds, a consultation meeting was held, Dr. Adams presiding. These conferences were established for the special purpose of discussing the diagnoses and management of the cases under treatment in the hospital. These means, with the special advantages and facilities supplied by the new Codman building for acute curable cases, together with the benefit of homœopathic medication have produced marked improvement in the results obtained, the average curable recovery rate for these three years being 82.96 per cent. This is a gain over the five-years period named above, a gain not only remarkable in itself but one which amply justifies the adoption of new means and methods. Since Dr. Adams has regained his health the curative record has been well redeemed.

The benefit of the improved methods also has extended to less promising forms of mental disease such as dementia præcox, involution melancholia and involution psychosis. Of these cases in 1905 there was the remarkable recovery rate of over 19 per cent., there being 94 cases treated, with 18 recoveries. At the other four hospitals in the state there were 396 such admissions with only nine recoveries, equalling 2.27 per cent.

In the more curable forms the difference is not so great. In 1905, excluding the alcoholics, if the other hospitals had made a record equal to that of Westborough, instead of discharging as they did, 155 cases as recovered, they would have discharged 308 or very nearly twice the number.

Comment upon such a record can be only commendatory. That such work gives cause for rejoicing goes without saying. It will be interesting to know how permanent these cures are, and what percentage of relapses occur. At Westborough itself there is strong confidence, with much evidence to support it, that no larger proportion of them will relapse than is usual with recovery-discharges from other institutions.

ETHICAL ADVERTISING.

The medical profession within recent years has been reminded frequently by certain advertisers that their goods and advertisements are "strictly ethical." The real meaning of this term "ethical" as used in the instances referred to, may not be apparent on a first glance; the meaning may even elude close scrutiny, but it has a soothing, agreeable and persuasive sound, and may convince the reader that the goods so advertised are of marked superiority over other goods of the same class that are simply advertised in a straightforward way as better than

anything else in their line on the market. An instance of what would probably be called ethical advertising, ethical because it does not transgress any principle of morals, conduct or duty, has been brought to the attention of the GAZETTE by the clergyman who received it. It seems that an enterprising firm of manufacturing pharmaceutical chemists who claim to possess "the largest plant of its kind in the world," not content with such a possession and the evidently enormous druggists' trade which it represents, has distributed to the clergy of our land a very flattering, sympathetic and fraternal circular-letter which shows a deeply solicitous, friendly and almost affectionate regard for their welfare. It reads as follows:—

Dear Sir:—

Do you suffer from headache as a result of too much thought concentration in the preparation of your sermon, or from nervous fatigue after its delivery, or is a hard day's mental labor followed by a sleepless night as a necessary consequence? If so let us suggest our . . . . , as a conservator of energy, the use of which as a tonic to the nerve centres *prevents* headaches and allows professional men to do an amount of brain work which they are unable to do without its aid. Consult your family physician regarding its use, and kindly glance over the enclosed, and oblige

Yours respectfully.

Possibly the first portion of the last sentence of this letter contains the cream of the ethical part of the ad. The "enclosed' refers to a seven or eight page tract, which sets forth with the vividness of "yellow journalism" the very serious dangers of using any of the hundreds of modern headache remedies, with one single exception; the exception being of course the one and only effective and "harmless remedy" manufactured by the writers of the letter. It is especially the coal-tar derivatives that in the tract are ethically condemned as "undesirable," 'unsafe,' "dangerous," "depressing;" as productive of "alarming depression of the heart;" and even numerous sudden and untimely "fatal results." All these remedies "are not only not safe, but dangerous to human life to an alarming degree."

Contrasted with this sorrowful picture is the following concerning the "one harmless remedy" which "is unlike any other headache remedy on the market. It is a very pleasant, effervescing draught, delightfully refreshing, imparting buoyancy of spirits, vivacity of thought and increased activity of all the intellectual functions. The formula of . . . . was arranged with the special object in view of overcoming the headache, mental depression, lassitude, languor, and mental hebetude following upon nervous exhaustion in brain workers.

"Its prompt action in the relief of headache and its stimulating influence upon the heart and nerve centres make . . . .

especially adapted to the use of physicians, lawyers, ministers, dentists, teachers, bankers, brokers, financiers, accountants and all engaged in intellectual pursuits who must follow the 'strenuous life' to keep pace with the rapid race we are running. Ladies will find . . . . very *restful* and *refreshing* after the exhausting pleasures, etc."

All this may be very ethical, philanthropic and praiseworthy when applied to things medical, but it seems no more altruistic and on no higher plane than the plain, unpretentious commercial advertisement which states,—"that Whiskey distilled in Pot Stills *contains valuable medicinal properties and ethers* which cannot be produced in a Patent Still, owing to the quicker distillation and greater condensation in the latter, producing a spirit of much higher proof, and destroying the *delicate ethers and flavors* which are characteristic of the slower process of the Copper Pot Still which product with age, mellowness, and quality, *makes Whiskey a wholesome and healthful drink.*"

What a pity it is that any mortal, from any cause, should be deprived of the benefits of these so ethically advertised substances.

AN EVENT IN MEDICAL HISTORY.

Will be the meeting of the American Medical Association to be held in Boston, June 5 to 8, inclusive. It is stated editorially in the Journal of the Association for May 5th, that without doubt the session "will be the largest gathering of medical men ever held in this or any other country. And not only will it be the largest, but it will bring together the leading men in our profession from the the United States, as well as many from abroad." The preliminary program indicates that upwards of three hundred and fifty papers will be presented to the meeting; the titles of these papers covering highly scientific and abstruse as well as exceedingly practical subjects. Not all the authors of these papers are physicians, for one finds the name of Miss Eva Booth, Commander of the Salvation Army of America, and that of Jacob Riis among them. The scientific work of the Association is distributed among twelve sections, and of these sections it is interesting to note that six, or one half of them, are to hold their meetings in the new Harvard Medical School buildings, where also are to be held three afternoon entertainments and the scientific exhibits.

It was in 1865 at the end of the Civil War, forty-one years ago, that the Association last met in Boston. At that meeting the total number present at roll call was six hundred and sixteen, Massachusetts furnishing two hundred and sixty-one of this number. At the 1906 meeting there will probably be in atten-

dance more than twice as many thousands as there were hundreds in 1865. According to the Jour. A. M. A., at that '65 meeting, "Much of the time was devoted to argument and discussion over two questions:—First. The action of the Association in expelling from membership Dr. Montrose A. Pallen of New York, who was accused of complicity in the plot to poison the water of the Croton reservoir. Second. Criticism and arraignment of Surgeon-General Barnes, who was accused of consulting with a homœopath in the case of Senator Seward and his son."

No topic for argument such as this last one was will be offered to the coming meeting. On the contrary among the "Scientific Exhibits" will be one from Boston University School of Medicine, a homœopathic institution. This exhibit will include much that won for the school a gold medal at the Louisiana Purchase Exposition at St. Louis and later another medal at the Lewis and Clarke Exposition. Twice before, at Saratoga and at Atlantic City, Boston University School of Medicine has had exhibits from its pathological laboratory for inspection by the Association, and it is matter for congratulation that the gelatin method of preparing and preserving gross specimens perfected by Prof. Watters has been adopted by the leading medical schools of the country, and there will probably be thousands of these gelatin specimens in the Scientific Exhibits of the coming meeting. Such are some of the changes wrought by Time. What changes will the next forty-one years bring?

THE MILK SUPPLY OF LARGE CITIES.

The milk supply of large cities is a subject not beneath the notice of the United States Department of Agriculture. A report from this source has just been made public in which we find the statement that Greater Boston's monthly consumption of milk is 1,250,000 cans containing 8½ quarts each. This is equivalent to 12,625,000 quarts per month, or over 420,000 quarts per day. It is estimated that 60,000 cows are necessary to supply this quantity. These figures sound rather enormous, but the per capita consumption per day is only about three-quarters of a pint, that is, about one and one-half tumblerfuls. Considering the free use some families make of milk, it is very evident that a good many other families go without!

In the same report it is claimed that Greater New York's daily consumption of milk and cream amounts to 1,500,000 quarts, for the supply of which 200,000 cows would be required. The pasturage for these cows has not been figured in acres.

HOSPITAL BULLETIN.

Among the recent appointments to the staff of the Massachusetts Homœopathic Hospital may be noted the following: Assistant Oculists, Drs. D. W. Wells and J. M. Hinson; Assistant Orthopedic Surgeon, Dr. A. G. Howard; Assistant Aurist, Dr. E, R. Johnson; Assistants in Diseases of Nose and Throat, Drs. E. R. Johnson, Conrad Smith; Second Assistant Surgeons, Drs. F. R. Sedgely, H. L. Lee.

The New England Deaconess Association, having established a new home for its Bible Training School, will devote the building formerly used for that purpose to a home for nurses.

Hospital Conference.— A hospital conference has been organized in New York City, composed of representatives from the various hospitals. The object is to reduce the necessary expenses and to endeavor, as far as possible, to bring these expenses within the income.

We are glad to learn that Dr. Ward I. Pierce, who has recenty associated himself with Dr. G. A. Mueller of Pittsburg, Pa., has obtained a position on the dispensary staff of the Pittsburg Homœopathic Hospital, where he conducts a daily clinic upon diseases of the ear, nose and throat.

A Few Suggestions in Skin Grafting. The result of clinical experience. —While admitting that the Thiersch method of skin grafting is superior to the older ones, and in some well-selected cases should be employed, it is not necessary in the majority of cases to currette the entire surface, as is so often done, and cover entirely with skin grafts. If the ulcerous surface of the site on which the skin is to be grafted is rendered aseptic and antiseptic, and the granulations properly stimulated, the grafts may be applied directly upon these granulations, placing them at equal intervals over the surface commencing from the center. This method has been followed by results as rapid and fully as satisfactory as where the entire surface had been covered. The advantage of this over the old Thiersch method is, first, the patient is not subject to the pain of having the surface prepared by scraping; second, large quantities of skin are not necessary, which are usually hard to obtain; third, the result obtained is fully as satisfactory and as rapid.

Briefly stated, this improved technique is carried out as follows: The surface on which the skin is to be grafted is cleansed by irrigation with Thiersch's solution and then dressed for from twenty-four to forty-eight hours with a wet Thiersch pack. At the end of this time it is dressed with bovinine, pure, and on the fourth or fifth day it is usually ready for the graft. Small grafts, about the size of a split pea, are deposited at regular intervals, placing the first one in the center, or at the point farthest from the periphery, and then at regular intervals radiating from this central graft. Over this, plain sterilized gauze is applied and held gently but firmly in position by one or two rolls of a sterilized gauze bandage. This dressing is kept constantly wet with pure bovinine. At the end of six or seven days it is removed, and experience proves that these grafts become firmly adherent by this time, and under the continued bovinine dressing, rapidly cover the entire surface. If the patient to be treated is anæmic or debilitated, bovinine is given internally, commencing with small doses and gradually increasing to the maximum.—*Exchange.*

SOCIETY REPORTS.

BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

May Meeting.

The regular meeting of the Boston Homœopathic Medical Society was held on Thursday evening, May 3, in the Natural History rooms. The meeting was called to order at 7:55 by the President.

The records of the last two meetings were read and approved.

The following names were proposed for membership: Millie A. Martyn, M.D. and W. K. S. Thomas, M.D.

The following were elected to membership: W. K. Knowles, M.D. and Frederick M. Sears, M.D.

The resignations of the following members were read and accepted: William P. Defriez, M.D., Ellen H. Gay, M.D., Charles W. Morse, M.D. and Ella G. Smith, M.D.

The Treasurer reported in regard to thirteen members who were in arrears, and it was voted that the reading of this list be deferred and that these members be allowed until the October meeting to make up their dues.

Dr Cahill read a letter from Miss Olga Nethersole, appealing for aid in carrying on the work against tuberculosis, as an example of the intelligence of the laity upon this subject.

The President called attention to the Boston Medical Library and to the fact that any physician may apply for membership, the fee being ten dollars annually.

Dr. Moore, Secretary of the San Francisco relief committee, reported that the committee had sent one thousand dollars to Dr George H Martin, of Oakland, for distribution, and read some of the correspondence from the California physicians, also a copy of the letter sent by the committee to Dr. Martin,

Dr. Packard, Treasurer of this committee, presented a report that will be found elsewhere in this issue.

Scientific Session.

Dr. Klein reported the case of a young man who suffered the loss of an eye after having a piece of metal lodged in the lens for eight months. The case was discussed by Drs. Payne and Loring.

Dr. Klein — I have a very interesting case of a young man who got a piece of metal into his eye. Here is the piece of metal which was inside the eye for eight months. The young man came to me in June last year, the next day after the accident occurred. The eye was much inflamed and I dilated the pupil. I found the crystalline lens much swollen, so that I could not get into the fundus. I advised the young man to go at once to the hospital and have the lens removed and possibly the eyeball. He went to the hospital at once and stayed under the excellent care of Dr. Payne for three weeks. Dr. Payne has the plates here and I have the eye. It is usually said that the lens is the part least apt to be irritated by a foreign particle, even if the foreign body contains septic material, yet in this case there was an intense inflammation set up.

The young man was treated by Dr. Payne with ice applications and atropine and was discharged in about three weeks. He went to work and I did not see him until about two months ago, when he came to me and said that he was constantly suffering pain in the eye and the other eye had begun to be blurred. I again put atropine in the eye. The eyeball was shrunken, and I advised him if he had any more trouble to come to me at once. He came again about two weeks ago, and the next day the eye was taken out.

The interesting thing in this case is that according to the usual statement in books a foreign body may remain in the lens for a long time without causing irritation. The question is, did this metal when it spurted into the eye set up the inflammation or did it appear after he was discharged from the hospital? You will see by the specimen here that the whole iris is so solidly adherent to the crystalline lens that there must have been an intense inflammation and it must have been caused after he was discharged from the hospital. As far as I understood, Dr. Payne advised the removal of the eye, which the young man objected to.

Dr. Payne.— I have here two X-ray photographs of this case which may be of interest to the members. I will say that the negatives have not been touched up at all, but present the actual condition of the patient These prints were taken two or three days ago. The band around the head which you see is a little indicator which I will explain about later in a very few words, and which I have found of considerable service in locating foreign bodies. I have found the X-ray of value in cases of metal and glass that are of appreciable size; I should say anything of a diameter of about one millimeter and quite near the photographic plate could be pretty well defined, but from anything smaller than that I do not think you could get much impression. I speak of this because I believe that if you have a case that you suspect has a foreign body in the eye and that you have taken an X-ray impression of, and do not find, the fact is not at all conclusive or diagnostic.

Another difficulty has been this, that when you have located by your negative the foreign body, the question arises, is that body actually located within the eyeball or has it passed through it? Your prognosis and advice as to treatment must depend considerably upon the results of your examination. It occurred to me, when confronted with such a case, that a little device of the kind that I have here might work pretty well. It is a narrow band of steel that has two sliding pointers on each side, and that is made to encircle the head. The little metal pointers are carried over to each side at equal distances from a central stationary pointer just over the nose, and to a point just midway between the back part of the eyeball and the ear. The photographic impression is then taken through from side to side, which would give you not only the eyeball and the foreign body but also the distinct metal pointers. Two exposures are made. The patient is requested to lie down and look straight forward while the first impression is being taken. As you will see, these little pointers on each side serve as a sort of relative thing in estimating the distance of that foreign body from the pointer. For instance, if the body is lodged directly in the eyeball it must move with the eyeball. If it has passed through the eye, the changed position of the eye would not change the position of the object.

You will thus see that this device is of considerable diagnostic value, and, as far as I know, it is the only one that has ever been constructed to meet these conditions.

Dr. Loring.— On the subject of foreign bodies in the eye I will say that the taking of a piece of metal out of the eye has been supposed to improve the prognosis, but in studying up a long series of cases treated in that way, I was amazed to see how very few got any sight in the eye. In almost every case it was necessary to remove the eye later. I have seen but one case in which we succeeded in withdrawing the portion of metal from the eye where the patient had sight afterwards. In this one case vision was equal to that of the other eye. There are very few cases on record where the patient had any useful vision left.

The method of Dr. Payne in localizing the foreign body is an advance on the usual method, which is to put a plate underneath the head and

take a photograph from one direction, then move the X-ray from one point to another and take another photograph in another direction. After developing the plate, replace these rays with threads and bring them to the shadows of the image on the plate, and they will cross at the location of the foreign body As the eye is so small, however, you are still uncertain, and the method of Dr. Payne is certainly an improvement and quite ingenious.

I believe it is possible, however, for a foreign body to be underneath the eyeball so close to it that it may move with the movements of the eyeball, and show a movement on the plate taken with the X-ray, and still be outside the eye.

PROGRAM.

SCIENTIFIC SESSION.

The Value of the Electric Light Bath and Vibratory Stimulation. Carl Crisand, M.D.

This paper was freely discussed by Dr. Clara E. Gary and Dr. George H. Talbot, both of whom gave at some length the results of their experience with the various forms of electrical treatment.

The Society listened with interest to the remarks of Dr. Douglas Graham, the well-known authority upon vibratory treatment.

Dr. Crisand, in closing the discussion, emphasized particularly his faith in the use of the homœopathic remedy given in association with the various conditions discussed in his paper.

The Use of Plaster of Paris Splints by the General Practitioner. Dr. George H. Earl.

This paper consisted largely of a demonstration of varieties of splints used in connection with orthopedic work. In the discussion, Dr. W. F. Wesselhoeft emphasized the importance of obtaining a good plaster if one desires to obtain satisfactory results from the use of splints thus made. He described one or two unsatisfactory cases due to guaranteed, and therefore presumably perfect, plaster bandages.

Dr. Packard considered that the plaster bandage is valuable for purposes of fixation in cases of caries of the spine and tubercular joints, but could not agree with those who used them in treatment of fractures.

A somewhat opposite opinion was given by Dr. A. G. Howard, who uses them freely in fractures. Dr. Howard has also been using crinoline instead of gauze, but is as yet undecided which is the better.

WORCESTER COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

The regular quarterly meeting of the society was held in Worcester, Wednesday, May 9.

The bureau of Clinical Medicine and Sanitary Science, through its chairman, Dr. A. E. P. Rockwell, of Worcester, presented the following

PROGRAM.

1. What assistance in general diagnosis does an examination of the eyes afford, such as can be made by any intelligent physician without special skill or training? E. H. Linnell, M.D., Norwich, Conn.
2. Morphia. John L. Coffin, M.D.
3. A unique case of convulsions. F. B. Percy, M.D.
4. Local treatment of joint and bone tuberculosis as shown in two cases. W. F. Wesselhoeft, M.D.
5. A paper. Solomon C. Fuller, M.D.
6. Yellow fever quarantine as observed in the South during the epidemic of 1904. John Arnold Rockwell, M.D.

ALBERT E. CROSS, *Secretary.*

BOOK REVIEWS.

Medical, literary and scientific publications will be reviewed in this department. Books and journals should be marked NEW ENGLAND MEDICAL GAZETTE, and sent to 80 E. Concord St., Boston.

The World's Anatomists. Concise Biographies of Anatomic Masters, from 300 B.C. to the Present Time. By G. W. H. Kemper, M.D., Professor of the History of Medicine in the Medical College of Indiana, Indianapolis, Ind. Revised and enlarged. Eleven illustrations. Price, fifty cents. P. Blakiston's Son & Co., Philadelphia, 1905.

This little book is a revised edition of a series of articles originally appearing in the Medical Book News. Over two hundred anatomists receive short paragraphs in which the most important studies and discoveries of each are noted. As the arrangement is alphabetical, the compilation is in such a form as to be readily available, and the record of each individual easily found.

The Examination of the Function of the Intestines by means of the Test-Diet. Its Application in Medical Practice and its Diagnostic and Therapeutic Value. By Professor Dr. Adolf Schmidt, Physician-in-chief of the City Hospital Friedrichstadt in Dresden. Authorized Translation from the latest German edition. By Charles D. Aaron, M.D. With a frontispiece plate in colors. Crown octavo, 91 pages, extra cloth. Price, $1.00 net. F. A. Davis Company, publishers, Philadelphia, 1906.

The author in a very orderly manner gives, first, the reasons why a test-diet should be used, and then gives detailed description of such a diet. This is followed by chapters on the technique of the test, its normal and pathological significance and the proper interpretation of the results obtained.

A very notable point in its favor is the fact that it gives merely the simplest chemical tests, such as any practitioner could readily perform. Three days' consecutive use of a somewhat tiresome diet may be a deterrent to many to try the efficiency of the results herein described.

An extensive bibliography, almost entirely from German writers, will add to the value of the book to those who wish further information.

BOOKS AND PAMPHLETS RECEIVED

The Action of Belladonna upon the Ear, as developed in the test Drug-proving of the O. O. & L. Society. By Howard P. Bellows, M.D., Boston, Mass.

A New and Physiologic Explanation of a Common Psychologic Phenomenon. By F. Park Lewis, M.D., Buffalo, N. Y.

Bulletin of the Illinois State Board of Health.

The Practice of Gynecology. Edited by J. Wesley Bovee, M.D.

Whooping cough cured with Pertussin, By J. H. Clarke, M.D.

Chemistry of Food. By Alfred E. P. Rockwell, M.D.

The Disease and the Remedy. By Alfred E. P. Rockwell, M.D.

WE notice that with the April number of *American Medicine*, it has been transformed from a weekly to a monthly periodical. This journal has been one of the strongest among those to appear weekly, and it is with regret that we see the change taking place. In this change, however, it is stated that no lowering of the scientific, professional or literary standards will be made, and for its success in its new departure, we have only the best wishes.

HASTINGS, in the *Journal of the American Medical Association*, Nov. 1905, says: "I believe that the tendency to terminate the mastoid operation in a case of long standing, or much mastoid destruction without uncovering the sinus sufficiently to relieve one's mind of doubt as to its condition, is not in accord with good surgical judgment."

OBITUARY.

JAMES GRANT GILCHRIST.

James Grant Gilchrist, Iowa City, Iowa, was born in N.Y. City, Apr. 28, 1842. He studied under private tutors in New York City, in Mitchell's Academy, Philadelphia, in the University of Pennsylvania and the State University of Iowa conferred on him the A.M. degree in 1886. He attended, 1860–'62, the Homœopathic Medical College of Pennsylvania, where he received his professional degree. He practiced in Philadelphia, 1863–66; Winona, Minnesota, 1866–67; Owatonna, Minnesota, 1874–76; Detroit, Michigan, 1875–77; Ann Arbor, Michigan, 1877–79; Detroit, Michigan, 1879–83, and in Iowa City since 1883, having limited his practice to surgery for the past eighteen years. He was surgeon to the out-patient department of the Homœopathic Hospital, Philadelphia, Pennsylvania, 1865–66; demonstrator of anatomy in the Homœopathic Medical College of Pennsylvania, 1866; professor of surgery in the homœopathic department of the University of Michigan, Ann Arbor; chief of staff of the Detroit Homœopathic Hospital (now Grace Hospital), 1879–83; professor of surgery in the College of Homœopathic Medicine of the State University of Iowa since 1882; organizer of and surgeon to the Homœopathic Hospital (State University of Iowa), Iowa City, Iowa, since 1887, and conducted the general surgical clinics of the College of Homœopathic Medicine in the State University of Iowa. He also was its registrar from 1883 until 1903, and director of the Homœopathic Hospital, Iowa City, at the same time. A frequent contributor to the medical press, he edited the department of medical jurisprudence, and, later, that of surgery for the "*Medical Investigator*," and was a regular contributor to the "*American Observer*." He is author of the following works, with dates of publication: "Rules for Tying Arteries," 1867; "Surgical Diseases," 1873; "Etiology and Curability of Tumors," 1876; "Tactics and Drill for I. O. O. F.," 1877; "Surgical Therapeutics," 1880; "Surgical Principles and Minor Surgery," 1881; "Surgical Emergencies," 1882; chapters for Arndt's "System of Practice," 1884–85; chapters for Dickinson's "Practice," 1885; "Charles the I, a Martyr," 1885; "Manual for Infantry Officers," 1887; "Syllabus of Surgery," 1882; "Elements of Surgical Pathology," 1895; "Itinerary of English Cathedrals," 1901. His "Surgical Therapeutics" was translated and published in Madrid, Naples, Berlin, Leipsic, and Paris.

Dr. Gilchrist is a member of the American Institute of Homœopathy, Hahnemann Medical Association of Iowa, Central Iowa Homœopathic Medical Society, and of the last two has been president; is a member and ex-president of the Johnson County (Iowa) Homœopathic Medical Society ex-member, ex-president and ex-secretary of the Homœopathic Medical Society of the State of Michigan; ex-member of the Missouri Valley, the Pennsylvania and Minnesota Homœopathic Medical Societies; ex-member and ex-president of the Detroit College of Homœopathic Physicians and Surgeons, and honorary member of the New York Homœopathic Medical Society, the Missouri Institute of Homœopathy, the Illinois Homœopathic Medical Society and the Homœopathic Medical Society of Kansas. He is ex-president of the Baconian Club (scientific), Iowa City, and ex-colonel of the 3d Iowa National Guard (1890–1896), after serving as first lieutenant and captain of Company C of that regiment, while his first military service followed his enlistment in 1863, 40th Pennsylvania Infantry, in the Civil War. He married, June 15, 1863, Elizabeth Thomas, and their children are: Bertha, widow of William H. Ridgway; Rollin; Redelia, wife of Herbert L. Stone; Helen: and Janet Marjory, wife of J. V. Westfall.

His death occurred March 22d, after an illness of about a month, although he had been in failing health for the past year.

CAT.

JAMES GRANT GILCHRIST

PERSONAL AND GENERAL ITEMS.

Some doctors don't attend medical meetings or take a medical journal. They are back numbers, *passe*, out-of-date. They crawl along in the same old rut getting more rusty, musty, mouldy, mildewed and stagnant every year till they finally evaporate out of the landscape. Every Homœopathic physician in New England ought to take the GAZETTE, the only Homœopathic journal in this section, and as many more as he can afford. We are sending out some sample copies this month to non-subscribers, and we trust that no one receiving a copy will fail to give it careful reading, thereby becoming convinced it would be profitable to keep it coming. A doctor said a few days ago "I believe the GAZETTE grows better every month." Try it and see if you don't agree with him. Fill out the blank you will find enclosed, Doctor, and send it in before you forget it.

ANYONE who is desirous of procuring a lucrative practice in a country village in which homœopathy has been represented for a considerable length of time, may obtain further information by writing to the Rev. J. C. Carnahan, Sherbourne, Vt.

A request has reached the editors of the GAZETTE to procure, if possible, a homœopathic physician of some experience for a thriving town in the western part of Massachusetts. Anyone who may be desirous of obtaining more information concerning this opening can do so by addressing Dr. W. H. Watters, 80 East Concord Street, Boston.

REPORT OF JOINT RELIEF COMMITTEE OF CALIFORNIA MEDICAL FUND

Editor Gazette:—

In accordance with instructions received from the Joint Relief Committee appointed by our state and city societies to solicit funds for our California colleagues, at its last meeting, held May 10, the Secretary has prepared for the GAZETTE the following account of its transactions, with extracts from letters received from California physicians.

At a meeting of the Boston Homœopathic Medical Society held at the College Building on April 21, at the call of the President, Dr. David W. Wells, it was voted that the President appoint three members to serve with the President, Secretary and Treasurer of the Society as a relief committee of six, to solicit funds for our suffering colleagues in California.

At the request of the President of the Massachusetts Homœopathic Medical Society, and by vote of the Boston Society, this committee met with the executive committee of the State Society on the evening of April 21, and together with three members of the State Society appointed by the executive committee to act with the President, Secretary and Treasurer formed a Joint Relief Committee for the purpose outlined above. This committee was made up of the following physicians: Drs. J. H. Sherman, T. M. Strong, T. E. Chandler, Walter Wesselhoeft, J. P. Rand, and G. Forrest Martin, representing the State Society, and Drs. David W. Wells, B. T. Loring, Alonzo G. Howard, Horace Packard, N. M. Wood, and J. Herbert Moore representing the city society. The committee organized by electing the following officers: Chairman, J. H. Sherman; Secretary, J. Herbert Moore; Treasurer, Horace Packard.

Dr. Packard reported that 1300 copies of an appeal, which the Boston society at its noon meeting had instructed him to have printed, were delivered at the medical school at four o'clock the same afternoon, and with the kind assistance of certain students and hospital internes all the circu-

lars were addressed and ready for mailing by six o'clock. These were mailed after the evening meeting of the joint committee, one having been sent to every homœopathic physician in New England. At a later meeting the committee instructed the secretary to acquaint our two societies with the fact, and I now do this through the courtesy of your columns, that "The White Press" of 74 India Street, made no charge for the 1300 circulars and envelopes, and furthermore were obliging enough to print these on a Saturday half-holiday.

These circulars were followed on the next morning by the following letter sent to each of the presidents of the New England State Homœopathic Medical Societies: "My dear Doctor:— Enclosed please find circular explaining action taken by our Societies to-day. We would especially call your attention as President of the — Homœopathic Medical Society to the clause in the circular stating that each contribution will be credited to the donor and to the State from which it comes. All moneys will go out in name of the homœopathic physicians of New England. Will you in your official capacity do all you can in furtherance of this end."

The following letter was sent to the President and Secretary of the California State Homœopathic Medical Society, the Southern California Homœopathic Medical Society and the San Francisco Homœopathic Medical Society: "My dear Doctor:— The Massachusetts Homœopathic Medical Society and the Boston Homœopathic Medical Society have made appropriations in aid of our professional brothers in San Francisco, and have appointed a Joint Relief Committee to solicit contributions from every homœopathic physician in New England. Please select committee to receive and administer funds, and notify Treasurer of our committee to whom and when to remit." A telegram to the same effect was sent to Dr. N. H. Chamberlain of Oakland. Nine days later the following telegram was received from Dr. Chamberlain: "Express aid Dr. George H. Martin, Delger Building, Oakland, for distribution."

In reply a draft of $1000. was sent to Dr. Martin which was acknowledged in a letter in which Dr. Martin, who by the way is an '81 graduate B. U. S. M., stated that Drs. Ward, Boericke, Brooks, Manning and himself had been appointed a committee to receive and distribute the fund.

At the last meeting of our committee, held on May 10, it was voted to at once send the balance of the fund to this committee, who are to hold it until such time as it may be used to best advantage in assisting the physicians in reopening their offices.

Following are extracts from letters received from those California physicians to whom our first letter of assistance was sent. The first is from Dr. Thos. G. McConkey, President of the California State Homœopathic Medical Society and reads in part as follows: "I am just now in receipt of your favor of the 22nd inst. informing me of the benevolent action of the Massachusetts Homœopathic Medical Society and Boston Homœopathic Medical Society in behalf of our burned-out brethren of San Francisco,"— "No one is actually suffering, of course, but many of us have lost nearly everything, and your action is very timely as it will help us re-equip our offices which otherwise will be a difficult problem. Permit me on behalf of the sufferers of whom I am one, having left the contents of a trunk and suit case only, to thank you for your timely action." The second letter is from Dr. Guy E. Manning, Secretary of the above Society, and reads in part as follows: "San Francisco and San Francisco homœopaths appreciate most fully the extra endeavors you are making in their behalf, and thank you from the depths of their hearts for the generosity of yourselves and others. We appreciate it fully as being the first offer of aid that we have received and it also comes with greater force as being unasked for. Of our one hundred and more homœopaths I find only some half dozen who have not lost offices, and by offices I mean medicines, supplies, instruments, choice libraries, office furniture, X-ray machines —

everything, and a physician who at this time has a diploma is a curiosity. Many of our number likewise lost residences and household furniture, with perhaps other means of income. In this city all physicians have down-town offices as well as residences, so that the loss is double. Besides this there will be the great exodus of people to suburban towns, the great loss of accounts, the absence of money for several months, the increased rents — all of which will make it hard for us. However with one or two exceptions every one is hopeful, none complaining. Thanking you once more personally and many times more in behalf of the homœopaths, I am, Fraternally and sincerely yours."

The third letter is from Dr. H. R. Arndt, President of the San Francisco Homœopathic Medical Society, and reads in part as follows: "Yours of April 22nd has only just reached me (letter dated May 2nd), and I reply at once. I realize that you may have acted without me, for I have heard rumors of your generous offer to help. . . . The disaster here is greater than reported, and many of us are as poor as on the day we were born. But all have pluck, and the city will surely build up rapidly. I had to fight for my life, and so did others. Through a strange freak, after paying fire insurance continuously for thirty-four years, my insurance, expiring a week before the earthquake, was not rewritten, and I cannot get one penny. Office and rooms at my hotel are complete loss, and *all* my assets consist of two pairs of blankets given me yesterday. If any of my friends can spare me a few 'modern' books, I should be only too grateful. But others also lost heavily. I will write you again soon. I shall again open an office. I beg to thank you and our Boston colleagues for their kindly and practical interest in our fate and these thanks come from the bottom of my heart. Before this reaches you I shall once more be in the midst of the fight, and it may please you to know that not any of us are going to cry over spilled milk."

A letter of acknowledgment of the letter sent in behalf of the committee was also received from Dr. M. W. Hill, President of the Southern California Homœopathic Medical Society, in which he thanks the committee in the name of the physicians of San Francisco and the whole state.

Following is an extract from a letter from Dr. W. C. Stratton: "We had just opened the hospital and prosperity was opening to us. It did seem too bad, but we are all cheerful and doing the best that we can, although with almost nothing to do with. There is not any stock here, as every store has been burned. You could not buy four ounces of alcohol. Every thing has been used up. I sent a list to Otis Clapp & Son asking credit, and to-day I received a kind letter from them offering to extend credit. So I will soon have some medicines."

The following and last letter having been received from the chairman of the committee in California having our fund in charge, Dr. George H. Martin of Oakland, and, as before stated, an '81 alumnus of B.U.S.M., I will report it in full: "Oakland, Cal., May 3, 1906. My dear Dr. Packard:— The draft for $1000., which the physicians so generously donated to their San Francisco colleagues in this hour of distress, was received by me yesterday. It has touched us all very deeply to know that you have so generously come to our assistance. I went to San Francisco early this morning and saw a number of physicians as to its disposal. A committee of five consisting of Drs. Ward, Brooks, Boericke, Manning and myself will have the matter in charge. Tomorrow evening there is to be a meeting of all the physicians of San Francisco, that we may best determine who needs assistance. The thought seems to be that the money will be more needed in a month or two than now, as the immediate necessities are being well met by the Government fund, etc. The younger physicians who were just commencing practice and who lost their little all, seem to be in most need of help in the way of instruments and supplies, so doubtless much of the fund will go that way. Thus far Boston has been the only city to

send us special assistance; but I understand that there are some others who have taken the matter up. I assure you my dear Doctor we appreciate what you have done more than I can tell. After our meeting tomorrow night the committee will send you a formal letter of the receipt of the fund. With kindest regards, and wishing you well, I am very sincerely yours, George H. Martin."

It will be seen by these letters that the California committee to whom we have intrusted our fund essentially comprises the same committee of Ward, Boericke and Chamberlain appointed by the American Institute to distribute its fund; inasmuch as the two former are members of our committee and suggested to us by the third member Dr. Chamberlain.

Our committee throughout has acted in close touch and harmony with Dr. J. C. Wood of Cleveland, Treasurer of the Institute fund, who courteously left to us the management of the New England fund on account of the advanced stage of progress of and action already taken by our committee at the time of first hearing from the Institute.

Following is a list of the number of societies and physicians contributing, and the amount thereof, in each New England state; also a list of names of contributing physicians throughout New England which it was voted should be printed in alphabetical order. By this means the committee acknowledges with due appreciation the subscription received from each physician.

In behalf of the Joint Relief Committee,
J. Herbert Moore, Secretary.

Massachusetts, 182 physicians, 3 Societies, 2 patients, $1942.; Connecticut, 16 physicians, $115.; Maine, 15 physicians, 1 Society, $85.; New Hampshire, 9 physicians, $35.; Vermont, 5 physicians, $30.; Rhode Island, 8 physicians, $28.; Total $2235.

Allen, Ed. E.
Allen, Lamson
Appleton, Lucy
Arnold, A. J.
Abbott, F. L.
Allard, F. E.
Arnold, J. O.
Anonymous 7
Baker-Flint, A. J.
Burroughs, Amelia
Butterfield, G. W.
Babcock, D. A.
Babcock, F. L.
Briggs, J. E.
Bellows, H. P.
Bryant, V. F.
Boston Hom. Med. Soc.
Bond, A. J.
Batchelder, F. P.
Bongartz, W. E.
Bell, J. B.
Barton, J. M.
Brooks, J. I.
Briggs, E. F.
Bennett, J. H.
Baldwin, L. H.
Brown, L. A.
Barber, O. M.
Crane, Dr. & Mrs. C.
Clapp, H. C.
Clapp, Ida
Clapp, J. W.
Coffin, J. L.
Cole, Anna B. T.
Coles, W. W.
Cahill, E. B.
Calderwood, S. H.
Calderwood, E. S.
Chase, H. L.
Cross, A. E.
Cross, H. B.
Cutler, J. T.
Crisand, Carl
Castle, C. W.
Colburn, F. W.
Cushing, I. B.
Cobb, H. H.
Colby, E. P.
Coleman, E. B.
Childs, Helen S.
Carvill, A. H.
Colgate, Charles
Chadwell, O. R. and patient
Cheney, B. H.
Dwinell, B. L.
Deimar, L. H.
Davis, F. S.
Doloff, E. M.
Defriez, W. P.
Drake, T. N.
Douglass, A. L.
Earl, G. H.
Emerson, N. W.
Emerson, F. L.
Emery, W. N.
Fuller, S. C.
Frost-Hornby, M. S.
Flanders, W. H.
Fisher, E. A.
Farley, W. C.
Fullerton, W. H.
Ferguson, R. F.
Fellows, W. E.
Gooding, E. J.
Guy, W. B.
Goodwin, E. E.
Green, T. W.
Gould, C. H.
Gibby, I. P.
Grow, T. R.
Gooding, Gertrude
Hinson, J. M.
Hodgdon, F. A.
Hodgson, T. S.
Higgins, H. R.
Hayward, I. P. & G. W.
Hands, H. A.
Hill, L. C.
Hoffses, G. E.

Hall, C. B.
Hall, F. A.
Hall, Robert
Hanson, W. G.
Hubbell, A. M.
Howard, C. T.
Halsey, F. W.
Harvey, D. G.
Hopkins, W. T.
Hinds, W. H.
Hooker, E. B.
Houghton, N. H.
Humphrey, F. M.
Hunt, A. K.
Hill, W. S.
Heath, G. E.
Horner, Harriet
Hammond, C. F.
Horton, M. R.
Haylett, James
Johnson, E. R.
Jenney, A. B.
Jones, E. A.
Jillson, W. C.
Jewett, Howard C.
Kennedy, J. S.
Kinney, J. E.
Kingsbury, E. N.
Kingsbury, C. S.
Klein, A. A.
Klopp, H. I.
Krauss, James
Kimball, L. H.
Keith, E. E.
Knowles Dr & Mrs W. K
Lakeman, M. R.
Leib, E. R.
Loring, B. T.
Leavitt, M. A.
Little, H. J.
Luscombe, J. E.
Lathbury, V. S.
Linnell, E. W.
Mosher, M. E.
Monroe, J. E.
McDonald, Angus
Miller, E. A.
McIntosh, F. L.
Mass. Hom. Med. Soc.
Mann, F. W.
Moore, J. H.
McDonald, D.
Merrill, T. C.
Martin, G. F.
Maine Hom. Med. Soc.
Moody, C. W.
Miner-Lane, Jennie P.
Neale, L. B.
Newton, F. L.
Percy, D. T.
Percy, F. B.
Percy, G. E.
Pitta, Joan
Packard, Dr. & Mrs. H.
Perkins, N. R.
Pease, G. I.
Palmer, A. C.
Phillips, R. W.
Phillips, W. F.
Peirce, H. A.
Pearson, M. M.
Paul, W. A.
Patch, F. W.
Prilay, J. M.
Paul, C. A.
Payne, C. M.
Pulver, F. A.
Phillips, Eugenie M.
Penfield, Sophia
Rand, J. P.
Russell, J. A.
Rice, G. B.
Rockwell, J. A.
Richardson, F. C.
Randall, A. M.
Rounsevel, C. S.
Rice, C. E.
Renwick, W. J.
Southwick, G. R.
Swain, M. L.
Stedman, J. P.
Spalding, H. E.
Spalding, S. H.
Sanborn, E. M.
Sherman, J. H.
Sherman, J. T.
Sanders, Dr. & Mrs. O.B.
Smith, E. G.
Smith, A. D.
Stevens, Grace
Swope, O. C.
Shaw, J. C.
Shaw, J. J.
Suffa, G. A.
Sylvester, S. A.
Sears, E. A.
Schenk, H. E.
Schoonmaker, A. T.
Sanford, Margaret
Sutherland, J. P.
Sawyer, W. H.
Strong, T. M.
Seip, C. L.
Sanger, T. E.
Sparhawk, Sam
Sweet, R. V.
Salls, Alfred
Skiff, W. C.
Shirk, S. M.
Stanton, N. G.
Tompkins, A. H.
Thomas, C. H.
Tupper, J. D.
Thompson, W. T.
Urich, J. H.
Vander, Burgh D. W.
Van, Deursen G. L.
Vail, E. S.
Windsor, S. S.
Warren, J. K.
Wesselhoeft, Dr. and Mrs. Walter
Wesselhoeft, W. F.
Wesselhoeft, W. P.
Wilkins, G. H.
Weston, I. G.
Wells, David W.
Watters, W. H.
Wild, George W.
Whiting, W. B.
Wood, N. M.
Worcester Co. Med. Soc.
Wiley, R. W.
Worcester, F. D.
Whitehead, M. C.
Wyman, E L.

NEIGHBORHOOD MEDICAL CLUB

The April meeting of the Neighborhood Medical Club was observed as Ladies' Night. Dinner was served at Young's Hotel to about forty physicians and their wives, and an informal social evening followed. This is the first time for more than eight years that such a reception has been given to the ladies, and the success here attained seems to justify the expressed desire that it may become an anunal event. Mrs. C. R. Thomas, assisted by Miss Soren, pianist, and Miss Holden, violinist, gave a most pleasing musical program, which added much to the enjoyment of the evening.

At a Paris café, on Tuesday evening last, a complimentary banquet was tendered to Dr. W. K. Bouton, senior honorary surgeon to the Melbourne Homœopathic Hospital. Several members of the Melbourne Homœopathic Society, including country members, were present. On Wednesday evening, Dr. Bouton was the recipient of a suitably-inscribed gold watch, presented as a token of esteem by the members of the board and staff of the hospital and in recognition of the valuable assistance that he has rendered to the cause of homœopathy. Dr. Bouton completed 21 years' continuous service to the hospital, and sailed for Japan, America, and the Continent on the 10th inst.—Melbourne Argus, April 6, 1906.

The *Bloodless Phlebotomist* for June contains a very interesting article by Dr. John Quackenbos of New York on Treatment of the Drink Habit by Hypno-Suggestion. Out of 400 cases of Dipsomania treated 80 per cent were cured.

Dr. J. N. Majumder in the *Indian Homœopathic Review* of Calcutta reports a case of epilepsy cured by Bufo 3x. The patient was a young man, twenty-two years of age who had been subject to the disease since infancy. The seizures occurred nearly every day. After seven years there had been no return of the attacks. Other remedies that Dr. Majumder has found useful are belladonna, nux vomica, oenanthe, nuxmo schata, cicuta, artemisia vulgaris and sulphur.

The next examination for license to practice medicine in the State of Connecticut will be held in New Haven, Conn., July 10 and 11, 1906. For particulars, address the Secretary of the Homœopathic Examining Board, Dr. Edwin C. M. Hall, 82 Grand Ave., New Haven, Conn.

We are pleased to note certain expressions of opinion which recently appeared in the editorial department of the *Post-Graduate.* In discussing the proposed union of the three Boards of Medical Examiners in New York, and the reason why the homœopaths dissented from such a union, we find the following: "It takes a long while for ideas to make their way, but humiliating as it is to say it, we of the regular school are to blame for having created a condition which now prevents a union. We hunted heresy, not remembering that *the blood of the martyrs is the seed of the church.*"

As was described in some detail in the last copy of the Gazette, the celebration of Ancestor's Day by the New England Hahnemann Association took place in Copley Hall on May 14th and 15th. The evening of the 15th was devoted to a Café Chantant, when the capacity of the hall was taxed to the utmost. Every seat at the tables was taken, the demand for seats being greater than was the supply. During the entire day, Tuesday, the various booths previously noted were in operation, and were in the afternoon and evening filled by a large number of visitors. The exact amount of the financial returns has not yet been ascertained but it is certain that the ladies who worked with so much energy may consider that their efforts have been well repaid.

The fortieth annual session of the Minnesota State Homœopathic Institute was held at Minneapolis, May 15, 16, and 17. The program was a very attractive one, a large number of interesting papers being presented. A unique feature of the announcement of the meeting was the picture gallery it contained. A fine portrait of Hahnemann on the cover was followed by small pictures of the officers and chairmen of committees interspersed through the pages. A good looking set of medicos they are, too. Dr. R. B. Leach of St. Paul, is the Secretary.

Death of Professor Curie.— Professor Curie, the well-known discoverer of radium, was run over by a team in one of the Paris streets and killed on April 19th. Professor Curie and his wife have been the recipients of many honors from various parts of the world. His genius for scientific research is well known. The suddenness of his death has possibly been the cause of a loss to the world of the results of much of his laborious work, although it is hoped that his wife, who is thoroughly familiar with the entire course of investigation, will be able to finish those investigations not yet complete.

The position of interne at the Malden Hospital will be vacant July 1st. A graduate of any homœopathic school is eligible to apply.

At the May meeting of the Homœopathic Medical Society of the County of New York, Dr. David W. Wells, of Boston, gave the principal paper that was presented to the department of the eye, ear, nose and throat. The subject was the problem of eye strain, which was discussed by Drs. A. B. Norton, E. G. Tuttle, G. A. Shepard and others.

Results of the San Francisco Disaster.— We learn from one of the correspondents of the "Medical Advance" a few details concerning the results of the earthquake and fire in San Francisco. The office and home of Dr. H. R. Arndt were completely destroyed. This included the loss of a very valuable collection of books, and also of certain manuscript which the Doctor was preparing for publication and which was almost complete. Dr. James Ward and Dr. Phillip Price each lost his office, but their houses are intact. The most unfortunate part of the disaster from the standpoint of the homœopathic profession at large is the complete destruction of the new hospital which had been opened only about a week, and which, fortunately, sheltered but a few patients at the time of the fire. The Hahnemann Medical College was not injured.

Dr. Wallace C. Stratton, B. U. S. M. '78, one of the sufferers from the San Francisco earthquake, in writing to Dr. Packard a detailed account of his experiences says, "The word we received from our eastern friends was like a gleam of sunshine on a cloudy day, and words are inadequate to express our appreciation." Dr. Stratton was more fortunate than many of his colleagues in that he lost only his office and furnishings, his residence in Oakland remaining intact.

Dr. J. Herbert Moore sails on the Saxonia, June 26th, for three months special study abroad.

On account of the intimate association along lines of physical research that Madam Curie shared with her husband, we learn from the daily press that she has been appointed his successor at the University of Paris. This appointment is a most unusual one to be made upon the continent, and marks the highest position yet attained by a woman along similar educational lines. No criticism can be made of it in any way, as her ability is known the world over, and it is certain that she will follow out the studies to a satisfactory termination which were abruptly stopped by the untimely death of her husband.

According to the *Medical Times*, a pre-historic vesical concretion is noted to have been discovered in a sarcophagus erected probably more than 7000 years ago. The concretion consists of uric acid with an envelope of phosphates. It lay between the two iliac bones of a young man.

For Sale—$4,000 practice for sale in one of California's delightful valleys. Collections, 95 per cent. No opposition. Reason for selling, wish to devote year to post-graduate study and practice a specialty. Full information by writing M. S. Kelliher, M.D., Lompoc, Calif.

Mr. O. R. T. Lesperance, B. U. S. M. '09. Graduate nurse of the Worcester City Hospital Training School for Nurses. Open for engagements during the summer. Nursing in all its branches Registered with the Nurses' Directory for Medical Library. Telephone 1600 B. B. Nurses' Directory, Homœopathic, telephone 1292 B. B. Address 760 Tremont St., Boston, Mass., telephone 1505-1 Tremont.

A resident physician is wanted at Dr. Styles' Sanitarium, New Britain, Conn. One who has had some experience in treatment of nose and throat preferred. Salary, $50 a month and board. For particulars apply to Dr. E. L. Styles, New Britain, Conn.

The enterprise and courage of the members of the San Francisco drug trade were clearly exemplified during the recent disaster. Before the fire was extinguished they placed large orders with the manufacturing chemists. One house ordered 30,000 pounds of antiphlogistine, and altogether over 100,000 pounds were shipped to the coast upon orders within a week. On a steamer from New York, running up the California coast at the time of the earthquake, were 35,000 pounds of antiphlogistine, and upon orders from the home office, the emergency hospitals were liberally supplied free of charge.

Dr. Horace Packard will spend the summer in the Yellowstone and Canadian Rockies. He will return to Boston on or about Sept. 1.

Dr. A. B. Norton of New York City starts June 6 for a tour around the world, returning the last of October.

The T. Park Lewis, M.D., whose death was mentioned in the May Gazette, is not, we are glad to state, Dr. F. Park Lewis of Buffalo, a former president of the O. O. & L. Society, who is now in Europe, but another physician formerly located in New York city.

It is planned to have a large collection of medical instruments and other apparatus pertaining to the profession exhibited at the coming meeting of the American Medical Association. This part of the scientific exhibit is under the charge of Dr. W. F. Whitney, and will be very advantageously displayed in the Warren Museum of the new Harvard Medical School.

Boston University School of Medicine.—The annual dinner of the Alumni Association of Boston University School of Medicine is to be given this year on Monday, June 4, at Young's Hotel, Boston, at 6 o'clock.

On Tuesday, June 5, will be given the valedictory and faculty reception to the graduating class. The formal exercises will be held in the school amphitheatre, beginning at 7.30 p.m. Dr. Herbert C. Clapp, professor of diseases of the chest, is to make the address in behalf of the faculty, and Louise Hopkins Taylor, Ch.B., of East Boston, and Charles Reed Bell, A.B., of Chatham, N. Y., are to represent the graduating class.

Commencement exercises of Boston University, including the School of Medicine, will be held in Tremont Temple, Boston, at 10.30 a.m., on Wednesday, June 6. Hon. Samuel W. McCall, Representative in Congress from Massachusetts, is to make the annual address.

To Atlantic City in September.— It is hoped that every physician who can, will visit Atlantic City to attend the joint session of the American Institute of Homœopathy and the International Homœopathic Congress.

The meeting commences Monday afternoon, September 10th, in Atlantic City, N. J., America's most famous watering-place. A city of hotels and boarding houses, where the most fastidious can secure rooms either single or en-suite, with or without bath, or, where one can secure rooms and live either on the American or European plan.

Special rates have been secured at the most prominent hotels for members of the Institute and Congress and their families by the local committee of thirty-two, who are working night and day shoulder to shoulder for the success of the meeting. They have made extensive arrangements for enter tainment, meeting rooms, committee rooms, sectional rooms, exhibition rooms, press rooms, and meeting rooms for the ladies. Everything is being arranged for by the various sections of the local committee, so that nothing will be left undone.

There will be a public reception and hop on Monday evening on one of the five piers of which Atlantic City is justly proud.

An Alumni Conclave will be held one evening, a smoker on one evening, and a banquet on Friday evening for everybody.

Opportunities for sailing, fishing, bathing, and automobiling are excellent. Not the least of Atlantic City's attractions is the world-famous boardwalk built in 1896 at a cost of $150,000, four miles long, forty feet wide and recently widened to sixty feet for nearly two miles of its length, giving ample opportunity for enjoying the ocean breezes. Should any member of the Institute wish any information, the press committee consisting of five members of the local committee will be glad to give any information they can.

Committee: M.S. Lyon, J. T. Beckwith, W. G. Gardiner, G. G. Jackson, and A. W. Barnes. Atlantic City, N. J.

WASHINGTON NEWS.

The District of Columbia has been trying for a time to get some legislation to provide against the spread of tuberculosis. One bill sent to the commissioners was drafted by the Tuberculosis Association of Washington under direction of a movement started by the Associated Charities. The allopathic and homœopathic medical societies both discussed the matter, objecting to some of the features of this bill and a few others prepared by other parties. A joint committee from the two medical societies held a meeting where most cordial relations were manifest and where a bill was prepared stating compromise measures upheld by both societies and practically decided on by each society beforehand in its own session. This was sent to the commissioners and was approved by them, so it is understood that this is the bill to be introduced into Congress.

A bill has been favorably reported by the senate committee at the instigation of Senator Foraker granting an examining board to license osteopaths after twenty-seven months of study in their alleged medical colleges. Both medical societies will work together to defeat the bill, fighting it on the ground that it lowers the standard of medical education.

The bill to establish the Institute for Drug Proving had rather an unfortunate experience in the House due to a misunderstanding, but this misfortune has been turned to an advantage, as the opponents have withdrawn their objections and become supporters. The senate is worried about the constitutionality of licensing District Corporations by special act of Congress and claim that anything chartered by special act of Congress is a district corporation; this objection will probably be overruled.

There are certain bills called pure food bills and pure wine bills that have been considered by the various committees, which, if passed at all, will be so amended as to be of little value. The District is convinced of the honesty

of the Agricultural Department whose representative is Dr. Wiley, but unless supported by all right minded people, he will fail in his efforts to secure a legislation so much needed.

It is expected that the Pharmacy bill will become a law; it will do good in a measure but not what was originally intended, which was to stop the sale of such poisons as cocaine, morphia, etc., even when combined in the much advertised patent medicines.

JULIA M. GREEN, M. D.

THE many friends of Dr. Thomas R. Griffith will be pleased to learn that he has entirely regained his usual health and has resumed his practice at Riverside, California.

DR. AND MRS. F. C. RICHARDSON represented the medical department at the May reception given by President Huntington to the various members of Boston University.

WE note in the *Boston Journal* of May 10th, the death of Mrs. Louisa F. Parker, M. D., of South Weymouth, Mass.

Dr. Parker had attained the age of 93 years, and was one of the first women in New England to engage in the medical profession. In 1858, she entered the New England Female Medical College (now the Boston University School of Medicine), from which institution she graduated with honors in 1861. The city of Boston was the scene of her professional activities from that date until 1897, when she moved to South Weymouth, where she had since lived.

DR. S. H. SPARHAWK, of St. Johnsbury, Vt., who has been laid up for several months with a fracture of the hip, is again actively engaged in practice.

DR. R. S. PHILLIPS, of Providence, R. I., has been elected physician to the Children's Friendly Society of that place. This beneficent institution has for fifty years been caring for needy children and now has charge of about seventy. Dr. Phillips is secretary of the Rhode Island State Medical Society.

DR. HENRY P. BOWDITCH, one of the most prominent physiologists in the country, and for thirty-five years a professor in the Harvard Medical School, has resigned his position, and at the end of the present academic year will retire from active work, as he feels that his health will not allow him to longer continue his onerous duties.

WE regret that in the April number of the GAZETTE due credit was not given to Dr. Sarah Hobson, of Chicago, who so kindly furnished us with the Illinois news items found in that number.

THE Commencement exercises of the Training School of the Lexington Heights Hospital, Buffalo, New York, were held on Thursday evening, May 7th, in the First Congregational Church of that city, and were followed by a reception at the home of Dr. Wilcox, 584 West Ferry Street. The GAZETTE desires to extend to the hospital its thanks for a courteous invitation to attend.

THE GAZETTE acknowledges with thanks the invitation of the Detroit Homœopathic College to attend its Commencement exercises on May 8, 1906, in the Detroit Opera House. It would certainly have given the editors much pleasure to have been able to attend, and to learn of the good work that our allied institution is doing.

THE NEW ENGLAND MEDICAL GAZETTE

VOL. XLI JULY, 1906 No. 7

ORIGINAL COMMUNICATIONS

THE QUESTION OF HOMŒOPATHY.*

BY WALTER WESSELHOEFT, M. D., PROFESSOR OF CLINICAL MEDICINE, BOSTON UNIVERSITY SCHOOL OF MEDICINE.

In view of certain recent events of an unusual character, notably the late discussion in the Boston Homœopathic Medical Society of the "Value of Drugs in Therapeutics" and of "The Principles of Homœopathy" it seems desirable to review once more the meaning and need of membership in our present organizations.

To this end it will not be going far wrong to divide the members of this society into three classes, according to the motives dictating their membership. In the first class are found the homœopaths who have little use for homœopathy, but are here in support of absolute freedom of opinion and use their membership mainly for the cultivation of non-homœopathic pursuits. The second class comprises the homœopaths who demand freedom of opinion and the right to cultivate both homœopathy and the non-homœopathic branches of medicine; while in the third are the homœopaths who look upon this society as existing solely for the cultivation of homœopathy.

The union of these three classes, though not wholly without friction, has come to be accepted as expedient and tolerable; in fact, as the only visible means of maintaining our ground as the exponents of certain general and special therapeutic principles. The extremists are forced to unite with the moderates and the medical anarchists. But this relationship which binds us loosely together is certain to be changed by a change in our collective relationship towards our professional neighbors with whom we are often called upon to act on all questions affecting the relation of the profession to the public welfare, but from whom we are still separated by our principles, and in no small measure, by our practice.

*The title of an editorial article in the Boston Medical and Surgical Journal of April 5, 1906. This paper was first read before the Cambridge Homœopathic Medical Society, and by vote of its members, with slight adaptations and the omission of purely local considerations was read at a later date before the Massachusetts Homœopathic Medical Society.

All have felt from the beginning these various relationships to be far from satisfactory since they are not in harmony with the underlying principles of science or of ethics. Efforts have therefore been repeatedly made to square the conflicting motives, views and practices of the contending parties with those fundamental principles by which in the end we must all be governed. And since nothing is settled that is not settled right and the world does not stand still, the course of human events is again bringing near the time when it will be necessary for us all to define our positions, both as to our mutual relation here and our relation to the great body of the profession.

In a field of activity as varied and full of uncertainties as that of therapeutics there must of necessity be a degree of discordance between principles and practice. Perfect agreement between the two could exist only if medicine were an exact arena circumscribed by narrow limits. On the subject of practice, therefore, it might not be impossible or even difficult to reach an understanding with our professional neighbors. Indeed, unless all signs fail, a more acceptable *modus vivendi* is already in process of evolution. Both from individual physicians, from local and state societies, as well as from their great national organization, comes more and more often, and in more unmistakable terms, expression of a desire to reconsider the old arbitrary conception of medical ethics, and of regret for former acts of intolerance. Since these expressions take the form not alone of tentative advances towards a union of forces in all matters bearing on the relations of the profession to the public, but, in some quarters, of a desire to know more about us, we must consider the possibility and the feasibility of a change in our relationship towards the profession at large.

Such consideration is urgently called for for further reason that there are many among us — and their numbers are increasing — who, impelled by the advances in both the theory and practice of medicine, yearn for a union with the "regular" school on both scientific and practical grounds, hoping in this way to become more "regular" themselves by bringing their principles and practice into more perfect harmony. It may be questioned, however, whether the course they are pursuing is likely to lead to the desired result. In gravitating towards the larger body by reason of their absorption of what they look upon as advances in science, they are too apt to abandon in favor of shortlived theories and equally shortlived practices, those older convictions to which others of us hold, which regard homœopathy as representing primarily a great and far reaching reform of which the force is by no means yet expended; a reform in the healing art founded on a reform in the conceptions of the scope and aims of medicine.

Whether they are right or wrong, we must clearly recognize

these two currents drifting in the direction of reconciliation, the one from the side of those who have so long stood opposed to us, the other from our own side. That these two currents shall, if rightly guided, sooner or later assume such force as to break down all the barriers dividing the schools can hardly be doubted. It must, in fact, be the most earnest wish of all that this should follow. The scope and aims of medical science must of necessity come to be considered by ourselves and by those who differ from us as one and the same. And with the ever increasing resources of the profession drawn from new knowledge and experience — resources which we must all use in some measure at the bedside — we shall ultimately find ourselves on common ground.

As yet, however, this common ground is not so well defined that both sides can reach it and occupy it freely together. The fact alone that we should still feel it necessary to hold firmly to our existing organizations, rather than seek affiliation with those whose overtures of peace we gladly acknowledge and would as gladly accept if we could do so in justice to ourselves, is evidence of the continued misunderstanding of the principles on which alone we can unite. Whatever of centripetal force may be apparent in the approximation in practice flowing from the advances in science and common resources, there still remains a counteracting centrifugal force arising from the principles of homœopathy, which demands wider boundaries for the common ground than as yet are willingly conceded. We cannot, with all our sincere desire for peace and union, permit either the modern conceptions of the scope and aims of medical science or the more conciliatory and rational view of medical ethics to dictate these boundaries. They must include the unreserved and unconditional acknowledgment of our right to hold to such principles and such practice as we in our status of properly qualified physicians may deliberately choose and construe according to our special knowledge and clinical experience.

This right once conceded, the door for reconciliation is open. We take the ground that a medical education tested by such examinations as are recognized as of a determining character, and giving into the hands of the practitioner all the scientific and practical resources of the profession, shall bestow upon him not only the license to practice, but the license, as well, to choose on what principles he will practice,— a license to be restricted only by the generally accepted canons of ethics. On these principles there remains, and will remain while men think and investigate for themselves, wide differences of opinion. The principles chosen by the educated physician on which to base his practice constitute his professional conscience; and we at least, declare that neither in religion nor in medicine is any organization of men sufficiently wise and good or sufficiently sure of its ground to hold the consciences of others in its keep-

ing. Freedom of opinion, of investigation, of discussion and of teaching is still denied us by our exclusion from the privileges and opportunities enjoyed by the members of the American Medical Association. We cannot teach our principles in schools other than those of our own founding; investigate our method of practice in hospitals other than our own; discuss our principles freely save in societies and journals devoted to their advancement; or in any way extend the special knowledge of which we are the representatives by other means than those we have conquered for ourselves against the most implacable opposition. Hence our sectarian position. It is none of our choosing. It has, in fact, been forced upon us, against every effort on our part to resist it, by ostracism, active and passive prosecutors, and by creating among the people and the profession a bitter party spirit out of which alone has followed that false connotation which now the *Boston Medical and Surgical Journal* so unjustly lays at our door. It is solely by reason of this opposition that we are organized; and our organizations stand both for the freedom to uphold our principles and as the means to secure for ourselves the opportunities to investigate, develop and apply them on equal terms with the most favored in the profession.

Of these principles and the organizations resting upon them the law of similars is still the one distinguishing feature, that from which the name of homœopathy is inseparable. Unless we hold firmly to this principle the sooner we renounce the name the better. In what circumstances, however, each one of us shall hold to it depends wholly on his individual knowledge of it, and the judgment and skill with which he is able to apply it in practice. Whether we recognize it as a working theory, a rule of practice, a limited or a universal law is immaterial. When we apply it consciously and intelligently, knowing its origin and relations, we are practicing homœopathy. There is no other fitting name to-day for the practice. If we abandon it or ignore it deliberately we are not homœopaths, whatever we may call ourselves, or however active we may be in the work of homœopathic organizations. The main point is that we should acknowledge it as a therapeutic principle and possess the unrestricted means both to extend it and to determine its limitations.

Unless we maintain the right to do these things, to uphold our principle against all hostile influences, and contend for it under its accepted name, it is lost, and we shall relinquish the most unalterable rights of scientific men. Those who have abandoned the name, as many have done in the history of homœopathy, have invariably abandoned the principle as many have abandoned the principle while holding to the name. And out of these two adverse courses has arisen that confusion which threatens now, in the presence of these latest offers of

amalgamation, to reach a point at which the whole question of the freedom of thought and the consequent right of homœopathy to exist, is buried under the idle discussion of merely secondary considerations. It matters very little for the progress of medicine or the purity of practice whether certain hundreds or even thousands of us are regular or irregular. Regularity ensures neither infallibility in science nor ethical perfection. But it matters much whether or not a therapeutic principle either of limited or universal application shall be swamped after its value has been abundantly proved and forever crowded out of existence by the rapid succession of new theories and untried practices such as those to which "regularity" is so prone to lend its sanction.

It must not be forgotten that this principle of ours is declared by the American Medical Association, so soon to meet here under the most brilliant auspices, to be a dogma or "pathy," and those who organize under it to be sectarians and therefore not occupying the status of honorable physicians. Against this declaration our organization is a constant protest, which we cannot withdraw until full amends are made for the past and positive guarantees offered for the future.

On the details of our principles and the controversies concerning them, it is needless to enter here. They are familiar to us all and call for passing notice at this juncture for no other reason than that the occasion demands the frank avowal that we are not wholly agreed on all of them. This avowal we make on strictly scientific and practical grounds. Our aim and purpose can not be to proclaim a creed, but to work together for the advancement and investigation of a legitimate therapeutic principle, in addition to the other more general professional and social objects which make our organization desirable and necessary.

We shall work together more harmoniously and respect each other's opinions more sincerely if we define our position candidly in the outset. In doing so we shall have the further advantage of escaping those pessimistic and wholly unwarranted views expressed in various quarters of late to the effect that homœopathy is losing ground. He who considers homœopathy to be no more than a great and undefined body or party with a name, represented by the shifting numbers of those who claim to practice under it, by its hospitals, schools, and organizations may feel discouraged at the thought of diminished classes in its schools and of still more rapidly diminishing adherence to its tenets. He will feel the more doubtful of the stability of our institutions if he permits the non-homœopathic resources of the profession to so overshadow in his mind and in his practice those offered by homœopathy as to cause these latter to sink into insignificance. For him, however, who looks upon

these institutions as the outward and visible embodiment of therapeutic principles founded on observed facts, supported by the experience, and capable of development by experiment and consistent reasoning, there is no cloud on the horizon, or cause to change his allegiance.

For those who honestly doubt the soundness of the homœopathic principles and the efficacy of homœopathic practice, as for those who confidently adhere to them under all conditions and exigencies of their daily work, there is but one course to dispel their doubts or to confirm their convictions. This course is the long and severe test of homœopathic practice in our hospitals side by side with other modes of treatment. Sooner or later this test must be applied to all therapeutic methods not universally accepted as established and trustworthy resources of the entire profession. The sooner we establish this course and the more insistent we are for its equitable and scientific pursuit, the sooner shall we reach the end of present misunderstanding and find ourselves on that common ground on which therapeutic progress shall be assured.

ON THE EARLY DIAGNOSIS OF CHRONIC PULMONARY TUBERCULOSIS BY ORTHODIAGRAPHY.*

BY DR. LEON VANNIER, PARIS, FRANCE, EDITOR OF "L'ART MEDICAL."

In the war waged against chronic pulmonary tuberculosis the energies of medical men have, during late years, been directed towards discovering its earliest manifestations, so as to be able to combat, more surely and more effectively, its disastrous effects. Many different means of investigation have been proposed. Many minute clinical signs have been given prominence to by attentive observers. But even if all have a certain value one cannot affirm the presence of pulmonary tuberculosis by their evidence. They are not certain signs, only presumptive signs. Laboratory work is of more value; we can study the modifications of pneumographic curves (Hirtz and Brouardel), we can study the respiratory interchange (Robin and Binet), we can use the serum diagnosis of Arloing and Courmont, and lastly try the tuberculin test so much used in Germany. Though of real value it appears to us to be overrated in the diagnosis of early pulmonary tuberculosis. When the patient reacts to tuberculin, we can be sure that there is tuberculosis in the system, but we can not by its means fix the seat of the disease, much less the amount of trouble already caused by the disease. According to the usual "*modus operandi*" it is necessary to give four injections one after the other and wait at least twelve days

*Written for the New England Medical Gazette.

for the result. This is a dangerous method, as it may wake up latent centres, and if it sometimes brings out signs in an apex which enable one to be sure of one's diagnosis, it is at the expense of the patient who will later on feel all the ill consequences of this congestive attack.

All these methods of investigation should remain in the laboratories, where they are naturally proud of them. Thanks to the systematic use of X-rays, clinical incertitude with regard to thoracic affections, and especially pulmonary tuberculosis, has given place to scientific certainty as to any lesions the patient may have. To-day the doctor cannot only sound his patient but he can *see* him inside; we will add he can even *foresee*. He should not be simply interested in seeing the anatomical lesions shown by the shadows thrown on the fluorescent screen, but he should try and find out the physiological value of the various organs. How can one by means of X-ray arrive at the knowledge of:

1. The anatomical state of the lung and consequently of the lesion.
2. The functional value of the organ, a factor whose importance is immense with regard to prognosis.

Radiographic work is out of the question here. The time required in using photographic plates, and the difficulty there is in appreciating organs that are always in motion, is sufficient to put radiography aside. Radioscopy is the best method, and in the cases of which we write we use orthodiagraphy. Orthodiagraphy is a method of examination of which the object is to show shadows of the organs in their natural size, so as to be able to measure them or to take a tracing of them. One must use a special apparatus, the orthodiagraph. In France, Dr. Guilleminot's apparatus is generally used, and it is with it that we have been able to pursue our enquiries.

The radioscopic image of the lung is modified by the respiratory movements, in its extent, its shape, its brightness. During respiration, it grows bigger transversely, on account of the rising and extension of the sides of the thoracic cage; it also grows bigger vertically on account of the descent of the diaphragm. During deep inspiration the image of the lung becomes considerably brighter. In pulmonary tuberculosis, in its early stage, the extent of the image is lessened, its brightness is diminished, its shape modified. One sees considerable diminution of the normal transparency of the lung at the apex; the discovery of a dark spot above the clavicle is well understood by the trained eye. The lessened extent of the pulmonary image on one side indicates a diminution of volume in the corresponding lung. One must not think that the gravity of the lesions corresponds to the extent of the image thrown onto the screen. That would be very wrong. To become acquainted

with the anatomical state of the lung and to "see" the lesion is nothing; one must ascertain the functional value of the organ. It is only thus that one can know its power of resistance.

Radioscopy of precision, that is, orthodiagraphy, enables one to study pulmonary elasticity, the verifying of which is such an important point. One assumes that the lung possesses its normal elasticity, when on examining the pulmonary image during forced inspiration and expiration there is a great divergence between the observed dimensions, principally in the vertical diameter, that is by the descent of the diaphragm. Thus the amplitude of the motions of the diaphragm becomes the indirect measure of the elasticity of the lung, and one has only to note the position of the diaphragm during inspiration and expiration on the fluorescent screen, to measure the difference between the two limits, and to compare it with the normal figures. It is necessary to compare the figures for both lungs, as the pulmonary elasticity may be wholly or only partially diminished.

In a paper sent last year to the "Académie des Sciences," Dr. Guilleminot and I gave the result of our examination of 22 diaphragms; and we reached the following conclusions:

1. The normal height of the diaphragm in man is different according to the side examined. The right side is higher than the left by 1.9 c.m. on an average. Given a horizontal line passing through the upper border of the interclavicular notch, on the right side the diaphragm is distant 15.5 c.m. from that line; on the left side 18.4 c.m.

2. The distance the diaphragm traveled, measured on twelve healthy individuals, was the same on both sides, and measured 1.63 c.m.

3. Any appreciable difference from that average figure would denote a notable alteration in the pulmonary elasticity. A diminution of movement on one side of the diaphragm during inspiration is a sign of the greatest value, which may precede all the others, even the appearance of an opaque zone at the apex; at the end of inspiration, especially voluntary deep inspiration, the diaphragm descends less on the sick side than on the healthy side, whereas at the end of expiration it goes up as high on both sides. This very important sign shows that one-half of the diaphragm, during inspiration, meets more resistance than the other half in attempting to lengthen the corresponding vertical diameter of the lung, and would indirectly make us think that a certain amount of induration was preventing the normal extension of its parenchyma. In all the cases of consumption that we have examined, the movements of the diaphragm were most considerably diminished, the figures being 0.8 c.m. to 1 c.m.

Not only is it possible in many cases to affirm the presence of

commencing pulmonary tuberculosis by means of the movements of the diaphragm, but by the same means one can get hints as to its evolution. In two cases where we had diagnosed commencing tubercular lesions, we were able to control the disappearance of the pathological modifications of the respiration by the re-establishment of the normal movements of the diaphragm, and thus foresee a definitive cure.

In tuberculous cases in order to be able to give a right prognosis, one must necessarily know the state of the heart, and it is again by orthodiagraphy that one can most easily reach this knowledge. My friend, Dr. Chiron, in a recent article on the mensuration of the heart-area by means of the Radioscope, confirms the hypotheses set forward by Bouchard and Balthazard in 1902, and shows that with regard to tubercular cases one may consider two groups.

1. Small heart in those predisposed to tuberculosis.
2. Large heart in advanced tuberculosis (cavity stage) with cardiac dilatation, resulting from pulmonary sclerosis and from the extension of the caseous lesions.

The normal average heart-area, says Chiron, is 79 sq. c. m. The finding of a normal heart-area, and especially of a larger heart-area than normal, must have great value for prognostic purposes in commencing pulmonary tuberculosis. In three cases which I had occasion to see with him, three cases of cured pulmonary tuberculosis, we were able to verify the perfect play of the ribs and diaphragm and the increased size of the heart-area.

The systematic observation, by means of orthodiagraphy, of the pulmonary and pleural transparency, of the play of the ribs and diaphragm, of the heart-area, thus showing the anatomical state of the respiratory elasticity, should, combined with notes as to the height, weight, and breadth of a subject, give what Dr. Pignet has called "the numerical equivalent of man;" that is, the test, or standard, of health. The diagrammatic reproductions of these observations enable one to follow the forward or backward evolution of the disease, by comparing tracings taken at different times. The discovery of some abnormal development during these comparisons arrests the attention of the medical attendant, and enables him, not only to account for some lesion, till then ignored or hidden, but more than that, it allows him to foresee the evolution of the disease; and as Professor Crancher has so well said, "To foresee is to cure."

PRESIDENTIAL ADDRESS.*

BY JOHN K. WARREN, M.D., WORCESTER, MASS.

Ladies and Gentlemen, Members of the Massachusetts Homœopathic Medical Society:

To-day, for the second time, I have the privilege of addressing you, and I wish first to express my high appreciation of the honor which you have conferred on me in electing me to preside over this honorable body.

Twelve years ago, I was appointed by the president and executive committee as orator, and on that occasion took for my theme, "Uncertainties in Medicine," and I might well continue the same subject to-day, for although there has been greater general advancement along all the medical and surgical lines in the past twelve years than during any like period of time in the history of medicine, still there are unsolved problems and many subjects upon which we desire a more perfect knowledge and deeper insight; while much has been learned, more still remains to be acquired.

But, as I do not wish to go on record or descend into history as a pessimist, I have chosen to-day to turn the search light toward the future and see what we can there discover for our encouragement and inspiration, and so say — what of the morrow?

It is often said that medicine is not an exact science, This is either true or false according to what you include under the term "science of medicine."

Exact science is knowledge gained and verified by correct observation and accurate thinking. It is knowledge reduced to law and embodied in system. Exact science has to do with what can be seen, handled and demonstrated by the human mind, but when science attempts to explore the deeper mysteries, to explain what lies beyond the easily visible and tangible, it is no longer certain or science, but enters upon the vague and uncertain.

Many theories which have been considered as well established scientific truth, have been obliged to give way under the stronger light of more perfect knowledge. The great changes in the hypothesis of the astronomers, the undermining of the atomic theory in chemistry by the recent experiments with Radium and the remarkable statement made by one of the Professors at Cambridge, a son of the great Darwin —"That the evolution theory must be materially modified, that the scientists who have been looking for a continuous transformation of species, are making a mistake, that a closer study of the world's progress, reveals the fact of sudden and great transformation, after long lapses of time." These changes of view regarding

*Before the Homœopathic Medical Society April 11, 1906.

what have been considered the fundamental theories of science are sufficient to show that they are far less certain than had been claimed.

It is more than probable that very few, if any, of the present theories will be standing by the end of the present century, and if they are, they will be so changed as to be practically something else.

When the scientist pushes off into the unknown, guided only by his own imagination, he is too far from home to justify positive declarations, and what he puts forward as sure explanations are too often only his own mental creations which may look well and read well and make it easier to explain other things, but they are not a revelation of the actual and the real, they are not facts or science. But truth is eternal and changeless and the thousands of earnest seekers after knowledge during the past hundred years have proven that the grand old law of "Similia similibus curantur," is just as true to-day as it was in the days of Samuel Hahnemann. We are homœopaths to-day not from choice only, but from necessity as well, for the clinical experience of thousands of earnest men and women during the past century has proven that although the law of homœopathy may not be the *only* law of cure, it certainly is the best law known to medical science to-day, and so long as it continues to be the best, let us follow it, ever seeking for a more perfect knowledge of the human organism, both in its physiological and pathological conditions, that we may steadily advance toward a better understanding of that subtle law which controls the vital spark we call life, and should the wisdom of the future find out a better law we will be as willing to adopt and follow it as we were to choose the one by which we are now guided.

Our brethren of the old school thought at first to wither us with their scorn, or annihilate us with their contempt, but the fierceness of their visage only served to reveal to us our weakness and stimulate independent thought. Failing in their first attempt to destroy, they now would feign remove our identity by taking us inside with one grand gulp, including even the long talked of exclusive dogma, so that no more mention might be made of us among men or maidens forever.

There is so much that needs to be accomplished for suffering humanity I sincerely hope the day is past when we shall expend our energies in denouncing other schools or methods of medical practice, but rather with a broad charity and spirit of progression be ready to receive the truth wherever found, proving all things, holding fast that which is true.

The physician is no longer a mere prescriber of medicines, but like the policeman he is expected to prevent trouble, as well as to restore peace and order, after the enemy has invaded

his domain. The work of the best physicians to-day is largely preventive and will continue to be more and more so as the general public becomes educated along sanitary and hygienic lines. The true physician stands for all that is highest, purest and best, not only in medical skill but in moral character and pure thought, and no scientific attainment can compensate for the want of correct moral principle. He, or she, should be the foremost teacher to whom the public should look for instruction and help in everything that tends to uplift and purify life, for who knows so well as the physician the influence exerted by the mental and moral upon the physical condition, and it is the mental and spiritual looking out through the physical, rather than the physical which constitutes the true man, yet they are so intimately related, that one cannot suffer, without injury to the other. In the healthy body only, can there exist the highest mental condition.

Dr Holmes has said that, in order to thoroughly educate the man, you must commence with his grandfather. This is equally true of the physical condition; and what better time than the present to commence the education of the grandfathers of the future, and who are more competent for this task than the men and women who are devoting their lives to this same work?

Dr. Stanley Hall, President of Clark University, says that almost every person by the time he has reached the age of twenty-five has the seeds of death planted in him. If this is true, then there is something radically wrong in the care and training of children. What this care and instruction have been up to the age of puberty determine largely their future health. That ignorance is the great producing factor in vice and disease, there can be no question.

What physician is there that does not know from his own experience that most of the evils arising from youthful indiscretions are the result of ignorance, and would have been avoided had the child been properly instructed in early life; and how shall our children receive proper education in this most important department of knowledge except it be made a part of the regular curriculum of the schools?—for the parents are neither willing nor competent to teach.

I would suggest that this society appoint a committee to prepare a proper course in hygiene, said course to be approved by this society, and upon its approval by this society to be presented to the various school boards throughout this commonwealth for their adoption.

To this same, or to another committee I would suggest that the subjects of stimulants and narcotics be referred, who shall outline a proper course of study on that subject.

I would also suggest for your consideration the advisability of creating a board of seniors, similar to the "Senate of

Seniors" of the American Institute, and invest them with like powers and authority, said board of seniors to be composed of members who have paid dues for twenty-five consecutive years.

The legitimate work of this society is changing from year to year so that the needs of to-day are quite different from those of twenty or thirty years ago.

This society is *the* homœopathic society of the state, and it is *the* representative of homœopathy in this commonwealth.

In these meetings are gathered the best minds and brightest thoughts of the profession, and through your concerted action as a society, is exerted all the influence which the profession can bring to bear for the advancement of science. Each year the number and importance of the matters coming before this society are increasing, and more time is needed for their proper consideration and discussion, for here if anywhere must be decided all matters which have to do with the best interests of medicine in general, and homœopathy in particular.

Our time for business meetings is so limited that matters are rushed through without proper knowledge or discussion, and if they are called up again for reconsideration, they are dealt with in the same hasty and unsatisfactory manner.

We now have other societies, such as the Surgical and Gynecological Society, the Boston Society and various other local societies which furnish ample opportunity for the consideration of scientific subjects.

It would seem to me wise for this society to devote at least one-half day or evening each year to the consideration of matters which have to do especially with the interests of homœopathy, such as reports of hospitals and institutions where homœopathy has partial or entire representation, to the end that we may better understand the needs as well as the influence of our school in this state. How many of us are there who are sufficiently familiar with this subject to give information, or discuss it intelligently? I am aware that this proposition will be met with the reply that we already have too little time for the scientific papers and a proper discussion of them.

The bureaus of Surgery and Gynecology might be abolished, as we have a separate society for the consideration of these two branches, and the time that has been occupied by these bureaus devoted to business purposes; or if the concensus of opinion is opposed to doing away with any part of the present arrangement of bureaus, then have the semi-annual meeting adjourned to an afternoon or evening meeting midway between the semi-annual and annual meeting.

By this means we would become better informed, better organized, and better prepared for concerted action when legislative matters, or any others, affecting the interests of homœopathy, come before us.

While the physician of to-day has lost much of the prestige which his brethren of forty years ago enjoyed, more is required of him in service, education, and scientific attainments than before, and while medical education has vastly increased, the physician has in inverse ratio descended from the lofty position which he once occupied, almost to the level of a tradesman. The secular press so teems with quasi medical articles, written by quasi professors, with long names and few brains. The legion of cure-alls are advertised not only in print but on trees, fences, and house-tops, so that many a man, as well as woman feels that he knows as much, or a little more than his physician; and what home is there in which you will not find the head-ache pills, stomach tablets, soothing syrup and celery compound, and how seldom it is that we are called till one or all of these have been tried.

The subject of germs and microbes has been cussed and discussed in the daily press until their various names have become household words and in some instances household gods to be feared if not worshipped.

How then shall we meet this spirit of commercialism which is abroad in the land, and which would degrade the noblest profession on the face of the whole earth to the level of a mere occupation, whose chief reason for an existence is to enable us to extract sheckels from the pockets of our patients? It would be ideal if we were all sufficiently endowed with this world's goods, so that we could do away with book-keeping, and devote our entire time and energies to the advancement of science and the well being of our fellow men, but some of us are not thus fortunate and must needs consider financial requirements.

While in the flesh and surrounded by material wants these things must be provided for. The physician has his obligation to his family, to himself, and to the community in which he lives, and if he has proper self respect he desires to bear his part of the various charities which abound in every community. He shall also provide (should he be so fortunate as to reach it) for a comfortable old age. All this requires money, and usually his income depends entirely upon his profession so that the monetary consideration is one of no mean importance.

It is not enough to be able to maintain an existence and support a family in the most economical manner, for if any person earns the pittance which he receives, it is the physician who sacrifices everything for his profession.

I am not at all in symapthy with the idea that the physician should pursue his calling, guided only by the love of science and a philanthropic desire, neither do I believe that money should be the only or even the chief object to be obtained. There are services rendered by every physician which money hath not purchasing power enough to pay. The few dollars which we re-

ceive are naught, compared with the satisfaction of having successfully combated disease, and saved a precious life to loving friends.

Important as are the things that pass with the using, they are small in comparison with truth verified, conscience enlightened, and a multitude of helpful ideas set in motion which will go on down the future ages, shedding their light and bearing their fruit long after the face and form of the personality which set them in motion, shall have been forgotten.

That physician, be he man or woman, who works for a price only, usually gets it, but that is all they do get. The higher mental satisfaction which comes to the ideal physician from the consciousness of having rendered valuable service to suffering humanity, and of having added somewhat to the common stock of knowledge, does not bring any sense of satisfaction or compensation to *them*. It has not entered into *their* consideration and for *them* has neither meaning nor value.

The physician who is a physician merely from his love of science, and makes slight account of the personality of the patient, no matter how thorough his education, or profound his knowledge, will be only a little more successful than his avaricious brother.

The ideal physician is the one who combines with a thorough education and love of scientific study, the idea of the fatherhood of God and the brotherhood of man, and who allows this idea to so permeate his own personality, that it touches the needs of his patients at every point and enables him to see himself in his patient, under like conditions, trusting his ideals and holding them before him as a torch in his hand, to lighten his pathway, and if only he keeps this light burning brightly will he carry healing and happiness and enable all to realize the truth that the physician's task is the holiest one by Heaven decreed, an errand all divine, the burden of our mortal needs to render less is thine.

To you, the younger members of this society who are just entering on your professional life, I wish to bring my most sincere congratulations, that it is given to you to live in this new century, surrounded with all its magnificent opportunities, with its avenues of research and investigation extending on every hand, with the well equipped colleges and large hospitals, the field is limitless, and to you we look for great achievements. Personally, I can but regret that I was born so early, or that these opportunities were born so late.

As grateful children let us remember with thanksgiving the labors of the fathers which made possible the opportunities of the present, and extend to them, all that respect and reverence which their faithful toil has so well merited.

To you who are in the heat of the battle, as well as to those

who are in the afternoon of life, and realize that a large part of their life's work is behind them, I say, "Be not discouraged but rather rejoice in what you have been able to accomplish and with renewed courage and ever increasing faith in our grand old law of similars, press onward, and to you I would say in the words of Browning,

'My friends grow old along with me,
The best is yet to be
The last of life, for which the first was made.
All things are in His hands, who said,
A whole I planned, youth sees but half.
See all, trust God, nor be afraid.'"

THE NEW KRÆPLIN CLASSIFICATION IN DIAGNOSING AND TREATING THE INSANE.*

BY GEORGE S. ADAMS, M. D. SUPERINTENDENT WESTBORO INSANE HOSPITAL

From the institution standpoint of the care of the insane, that classification is valuable, which permits a ready diagnosis of the form of disease, which enables a fairly accurate prognosis, to be given, and is flexible enough to permit from time to time the introduction of new forms or the modification of existing ones, thus keeping the physician interested in the study and treatment of his patients.

This classification should also, when taught in medical schools, enable the student to acquire a working knowledge of mental diseases, so that in general practice he can detect them in the early stages when it is evident that treatment is the most successful; for it is probable that there is no greater proportion of unstable or degenerate persons in the community than there were fifty years ago, but the conditions of our modern life act more powerfully to bring about insanity in the unstable than did those of the middle of the nineteenth century.

The classification of Kraeplin, which has been adopted in the Insane Hospitals of Massachusetts, and also in many progressive hospitals of other states, meets more fully the needs of insane hospitals than any other, and, though far from perfection, and unfortunate in some of its terminology, one of its best features is that it readily permits changes and modifications as does no other classification known to the writer.

Dr. Emil Kraeplin published the first edition of his "Handbuch der Psychiatrie" in 1883, and it has gone through seven editions. The eminent author has modified and enlarged his work and his mind is still open to further improvement. Indeed, one merit of his classification is its adaptability to changes.

*Read before Mass. Surgical and Gynæcological Society, June 13, 1906.

Although no English edition of his work has yet appeared, Defendorf's "Clinical Psychiatry," Kraeplin's "Lectures on Clinical Psychiatry," and articles in psychiatric literature have supplied, in a great degree, this deficiency to those who do not read German.

I will now briefly call attention to some of the forms presented by Kraeplin, dwelling with greater length upon those of most importance, not only to the alienist, but to the physician in general practice.

Infection Psychoses: These include fever delirium, usually resulting in recovery, though occasionally severe, and familiar to every physician; and infection delirium, believed to be due to the specific toxine of typhoid fever, small-pox, hydrophobia, and malaria, as it appears without relation to the temperature. Here the prognosis must be very guarded, as not more than fifty per cent recover. In hydrophobia nearly all the cases die. The Post Febrile period presents a number of psychoses believed to be due to infection, some of mild and others of a severe character, and the prognosis is usually good. Naturally most of these cases are seen by the general practitioner, as but a few come to hospital care.

Another group of cases, not large, usually come to the hospital for care and are called Exhaustion Psychoses. The first of these is collapse delirium. This arises from exhaustive causes, such as childbirth, loss of blood; and to acute diseases—as pneumonia, grippe, erysipelas, etc. Here, while the exhaustion is extreme, there is much motor excitement, with hallucinations, delusions, clouding of consciousness and the disorientation and incoherence of speech are extreme. The indications are to superfeed the patient and reduce the excitement. This result can best be secured by the prolonged neutral bath with the indicated remedy, and if treatment is instituted early, the prognosis is good.

Acute confusional insanity differs from the foregoing in that the confusion is greater, but the prognosis and treatment are similar.

Intoxication psychoses include the insanities due to toxic substances taken by the patient. They include alcohol, opium, cocaine, hemp, lead poison, etc. They may be acute and chronic. Recovery can only remain permanent by abstinence from the offending toxin. Often it is impossible to the individual by reason of impaired will power.

We now come to a group of cases, the study and treatment of which are very important—called by Kraeplin, Dementio Praecox. This term, first applied by Pick to cases of "hebephrenia," is extended by Kraeplin to cover three general forms having certain common characteristics but differing in other symptoms. I regret that to these cases a title meaning "pre-

cocious dementia" should be applied, even though it does express the frequent termination of the disease by dementia, as such a name tends to convey the impression to the student, to the resident physician and also to the friends of patients, that the disease is incurable, while a certain proportion do recover and of those who do not, dementia comes slowly in a portion of the cases. It is estimated that from fourteen to twenty per cent of all cases admitted to institutions are of this type, and of those admitted the majority are committed to the hospital before reaching twenty-five years of life. Of the admissions to the state hospitals of Massachusetts during the past year, these constituted 18 per cent of the whole number committed, which shows the importance of an early diagnosis and of treatment before the insanity is advanced. There are included in these forms most of the hereditary defectives, who come under the influence of our modern high pressure which begins in school life and continues into early adult life, and is fostered by alcoholism, sexual vices, the use of narcotics,—acute diseases and head injuries. Pregnancy and the puerperal state are also existing causes for a small percentage of cases. Of the three recognized forms of dementia praecox, hebephrenic, catatonic and paranoid,—the hebephrenic has the largest number of cases that occur before the age of twenty-five years. In this form the onset is often insidious. The patient undergoes a gradual change of disposition; his energy is gone and he becomes dull and absorbed,—careless, irritable, or obstinate. In others there is the restless activity that does not accomplish anything. The first symptom observed may be increased sexual impulses that seek immediate gratification. In women premonitions of the disease may appear at menstruation,—to recede and reappear at each return of the function for some time before the final outbreak of the disease. Depression may be the first symptom noticed and this may become so extreme as to cause suicidal attempts. Hallucinations of hearing appear,—visions may be seen; all the senses may be affected, and delusions come on which are chiefly of a depressive character. Patients accuse themselves of extreme wickedness and believe they will never be any better. They turn against their friends and believe that they have been poisoned or persecuted. Later such delusions may change to expansive ones; again, with some insight at first into their condition, they may complain or talk freely of their morbid feelings, but later this insight disappears as the disease progresses. Disordered association of ideas leads to incoherence of thought and speech. Memory is less affected than the attention. Judgment is impaired rapidly, and the conduct and behavior is childish, and there is much silly laughter. These patients, though apparently headstrong, are really manageable by firmness tactfully used.

The physical condition declines and there is poor circulation and usually poor appetite. This condition may go rapidly into extreme dementia. The authorities give only eight per cent as recovering fully. My experience leads me to believe that this per cent is low; and, in addition to those who fully recover, there are others who may so far regain their former mental attitude as to be able to go out into the world and remain outside as self-supporting citizens.

The catatonic form, the "catatonia" of Kahlbaum, differs from the hebephrenic, and is characterized by "a peculiar condition of stupor, with negativism, automatism, and muscular tension; excitement with stereotypy, verbi gerations, and echolalia, leading in most cases, with or without remissions, to a condition of mental deterioration." The onset is usually of short duration and does not greatly differ from hebephrenic. The depressive hallucinations and delusions are usually of a religious character and are changeable. The patient passes quickly into a condition of stupor and negativism, a name applied to the resistance to any request or command, and a tendency to do just the reverse. This is characteristic. The catatonia is more or less marked in different cases and sometimes becomes the typical "cerea flexibilitas." Instead of negativism the opposite condition may appear. Increased susceptibility to suggestion producing ecolalia and ecopraxia, the repetition of words and movements. These alternating conditions are frequently seen in the same person. Following the stupor there is excitement, usually coming on abruptly, and these conditions also may alternate several times before the patient recovers or passes into a demented state. There are frequent remissions that last from a few hours to days and weeks, and the patient becomes apparently normal, only to again relapse. Complete recovery does come on, and I think the catatonic form offers more hope than the hebephrenic. Kraeplin admits a percentage of fourteen. Dementia may come rapidly or slowly, but it is more apt to be delayed than in the hebephrenic form.

The paranoid forms "are characterized by the great prominence and persistence of delusions and hallucinations for several years, in spite of progressing mental deterioration." It differs from the two preceding forms by the greater prominence of hallucinations and delusions, and their persistence. There may be present some of the symptoms of the other two forms. There come on also delusions of expansion similar to those found in paranoia, but with dementia coming on much more rapidly. Moreover, the delusions also differ from those of paranoia in that they are non-systemized. The early appearance of dementia also differentiates this disease from paranoia, where the intellect resists impairment for many years.

While I have briefly and imperfectly called attention to the

three forms of dementia præcox, it must be understood that they are not always clearly defined. A case of hebephrenia may show evidence of catatonia, and catatonia some of the symptoms of hebephrenia, and the active hallucinations and expansive delusions of the paranoid form may appear to some extent in the other two, but the three forms present a group of cases that have not heretofore been clearly defined. Most of these cases, under the old classification would come under the terms "mania" and "melancholia," according as they appeared excited or depressed, and the greatest help has come to the psychiatrist in distinguishing these partly curable forms from the purely excited and depressed cases that are entirely recoverable. Adolescent insanity comes nearer, as a descriptive name for this group of patients, than any other suggested, but, as other psychoses occur in adolescence, especially mania and melancholia, and as cases of dementia præcox appear up to middle life, it is not wholly satisfactory.

In treating these cases, the rest treatment and the prolonged baths, while helpful in the early treatment, must be followed by exercise and occupation adapted to the patient's physical needs. Efforts are made to divert them from their introspective condition by physicians and nurses, and many cases that cannot go out without some defect, as the result of the prolonged period of alienation, are sent out capable of leading useful lives.

Manic Depressive Insanity. Kraeplin has taken from us the clinical terms mania and melancholia, and replaced them with the above term. It has been observed by every alienist that many cases of mania or melancholia return again and again to the hospital after an interval, during which they are entirely normal, but they do not all return in the same condition. Some may come once as mania and again as melancholia, or there may be no regular alternation in their coming, and Kraeplin considers, as others had already noted, that these are two states of one disease which he calls manic depressive insanity. These cases will certainly get well. Treatment, I believe, will shorten the attack, but its return after recovery from the first attack depends upon the existing causes that affect the individual—as stress of circumstances and strong emotions. After the second attack other attacks are almost certain. As all are well acquainted with the symptoms of mania and melancholia, I need not describe them, but they are the only forms of insanity that come to the hospital in which you can certainly say they that will come out recovered without any mental impairment.

I wish to call your attention to one of the forms of Kraeplin's Involution Psychoses. This he calls "involution melancholia," and it is characterized by "uniform depression with fear,

various delusions of self accusation, of persecution and of a hypochondriacal nature, with moderate clouding of consciousness and disturbance of the train of thought, leading in the greater number of cases after a prolonged course to moderate mental deterioration." The use of the word "melancholia" in this connection seems to me objectionable, and I never use it without the word "involution" prefixed. Kraeplin appears to have taken Hypocrates' original use of the word melancholia, "fear and sadness," and this is a true picture of the disease. It occurs in women from forty-five to fifty-five years of age, and in men later. We usually find some powerful exciting cause, such as ill health, an operation, acute diseases, loss of friends, loss of money,—to account for the onset of this affection. Depression, with apprehensiveness, is always to be found, and the delusions are of self-accusation,—are hypochondriacal, and may become extreme and accompanied by hallucinations of sight and hearing. Still, there is ability to think and talk coherently when attention can be obtained. The progress of the disease is slow, and patients may recover even after two years of illness. Those who do not recover, or die, may pass into a state of apathy or indifference to their surroundings, or they may continue in the same condition of distress for years. I have a patient at the Westboro Hospital who came to us nineteen years ago, at the age of fifty-five years, with the delusion that on account of her wickedness, which was that she joined the church when she was not wholly converted, the world was to be destroyed by fire; and even now she persists in this particular belief and wakes up every morning expecting that this is the last day on earth for every one, and she is, in spite of her beliefs, in fairly good health.

Adulterated Food.—Professor Viard, a chemist, fed a dog on some of the adulterated foods frequently sold to and used by man. The animal, a robust Newfoundland, is not expected to live; his stomach had not, as is the case of the human animal, been gradually accustomed to the poisonous and deleterious diet.

A Triumph of Newspaper Medicine...The medical editor of one of the New York dailies used often to say that medical journalism was played out, for a journal published only once a week or once a month could never compete with the daily papers; at best it could only republish in more elaborate, if less sensational, style what the lay press had printed days before. In view of a tremendous "beat" scored by the *Sun* last week, we are inclined to think the medico-lay editor was very nearly right. This enterprising journal published an interesting and circumstantial account of an operation for renal calculus, performed at one of the hospitals by a well-known surgeon of this city. All the details of the operation were graphically and, as it appeared the next day, quite accurately described. The point of special interest in the article was that the operation which it described was not performed until about twelve hours after the article had been published. "If you see it in the *Sun*, it's going to be so."..*Medical Record*, February, 1906.

SOME EXPERIENCES IN CLEFT PALATE OPERATIONS*

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It is a matter of common observation that the more difficult it is to cure a given diseased condition by medicinal or surgical means just in this ratio do drugs and surgical methods multiply. So in the matter of the operation for the cure of cleft palate, every surgeon who performs the operation has his own peculiar favorite method. It will further be noticed, that only a few writers on the subject give the seeker after truth very much definite information as to results, for in the majority of methods exploited, the reader is left to draw his own conclusions. Many of the works on general surgery treat the operation in a trivial, unsatisfactory way and after reading some of the descriptions, the writer has been reminded of the man who on enquiring the way to a certain place, was given an intricate reply which was finished by these words, "You come to a fork in the road, and it makes no difference which way you go, for you are lost anyway." So it seemed it would make little difference which operation you performed, for you would fail anyhow.

There are, of course, notable exceptions to this rule. Brophy of Chicago has methods of performing the operation which in his hands has proven eminently successful, but we find few, if any, who are capable of obtaining like results. Fuergeson, one of the oldest surgeons to perform the operation successfully, was unequalled in his time. Warren, Porter, and Fillebrown of this city have had successes, but these it seems to the writer, are due to individual skill and judgment and not because the technique of their operation was based upon sound principles.

It would require too much time to attempt to describe all of the different methods of closing the palate. It is enough to say that it is only within the past year that a method of performing the operation has been devised which seems to the writer to fulfil the requirements of the average case. Of course, there are cases where the operation, to be described later in this paper, is not adaptable, but in the large majority it is believed that this method will be found feasible and the results satisfactory.

The experience of the writer covers between twenty-five and thirty cases. Most of the operations described in the text-books have been attempted, sometimes with success but more often with unsatisfactory results.

This particular operation has been performed by the writer seven times. Of these, five have been successful, union by first

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intention taking place throughout the entire cleft; in two of them union was obtained everywhere except the uvula and the extreme anterior portion. In four of them, the cleft was throughout the hard and soft palate, the others were partial, all involving the entire portion of the soft palate. The youngest child operated upon was two years old and the oldest sixteen. Authorities vary greatly regarding the best age at which to operate. On general principles, it may be said, that the earlier the operation can be performed the more successful will it be, particularly in its effect upon the speech function, but we must be governed wholly by the condition of the patient. We must remember that some children at a year old are stronger and more vital than others at four or five years of age.

It is never safe to promise perfect articulation even if the result of the operation is perfect from a mechanical standpoint, because imperfect innervation or loss of co-ordination is always possible. Defects in articulation identical with those produced by cleft palate are not uncommon in children, where the nose, naso-pharynx and larynx present no visible abnormalities. Patients who have already begun to converse and who have formed their habits of speech must, after the operation, receive prolonged training in pronunciation in order to obtain satisfactory results.

Careful preparation for the operation is important, and so the patient should be under immediate observation for some days previously. Catarrhal difficulties of the nose and naso-pharynx should be corrected and hypertrophies of the faucial and naso-pharyngeal tonsils should be removed long enough previous to the proposed work on the palate, to insure a healthy condition of the tissues. For two days previous to the operation the nose, mouth, and teeth should receive special care. The nose should be irrigated with a warm Dobell's solution, two or three times daily, and the mouth and the teeth thoroughly cleansed after each feeding with alphozone or a boracic acid solution.

The operation is performed as follows: Place the patient in the so-called Rose position, anæsthetize with chlorform and oxygen or ether and oxygen, forcing the vapor through a catheter which is inserted in one of the nasal passages, until it is well down against the posterior pharyngeal wall; hold the mouth open with the mouth-gag and pull the tongue forward by inserting heavy silk through the end. Now inject into the tissues of the palate along the edges of the cleft and laterally on each side near the alveolar process, a 1-1000 solution of one of the alkaloids of suprarenal extract. One or two drachms may be safely used. This, if well injected, will control the hemorrhage, sometimes entirely, and always to a considerable extent. The first part of the operation is almost identical

with the flap operation usually employed, that is, the edges of the cleft are freshened, lateral incisions are made close to the alveolar process on each side, this incision being about one-quarter inch anterior to the cleft and extending backward well to the beginning of the anterior faucial pillar. The length of the incision must, of course, depend upon the length and width of the cleft. The flaps are now elevated, including the periosteum, and particular attention should be given to the separation of the mucous membrane on the superior or nasal side of the hard palate. This separation can be accomplished by elevating the flap with forceps and cutting away the posterior reflected mucous membrane by an incision at right angles with the lateral wound. At this point the soft palate should come together easily without much tension. The putting in of the sutures is next accomplished by means of a hook needle with the eye in the end, and braided silk has proved the best material in the hands of the writer. Up to this stage there has been no marked variation from the ordinary flap operation, except in the use of the Adrenalin injection, which originated with the writer so far as he can learn. The remainder, however, differs from the ordinary, as will be seen.

Before the inserted sutures have been tied, have prepared a piece of stout tape, three-quarters of an inch wide, and six inches long, and covered with a piece of tissue rubber tubing. This can be readily accomplished by passing the tape through the tubing and smoothing it out nicely. Pass one end of the rubber-covered tape through the muco-periosteal incision, carrying it along behind the cleft and out through the incision on the opposite side. Now tie the sutures and then bring the ends of the rubber-covered tape together sufficiently to relieve all tension from the sutures and hold together by snapping on two of the small metal clips designed for uniting superficial skin wounds. After this has been accomplished it will be found that all tension has been relieved except about and just above the uvula. If the finger is passed over the hamular process, it will be found that the tension is produced by the tensor palati muscles on each side. To relieve this, an incision is made through the mucous membrane and with the handle of a knife the muscles are partially separated and thoroughly stretched. It will then be found that the tension of all the soft palate is relieved. After treatment is simple. The patient is given only sterile food and sterile water, great care being given to the sterilization of spoons and dishes. On the seventh or eighth day the tape can be removed and on the fourteenth the silk sutures. This operation is not entirely original with the author. The idea was taken from a paper written by Dr. Chas. H. Peck of New York, entitled "The Operative Treatment of

Cleft Palate," the writer simply making a few modifications in his method.

It would seem that the wide separation of the flaps from the bone would result in failure of nutrition and cause sloughing, but such is not the case. There is ample blood supply from the anterior and posterior attachments and no anxiety need be felt on this score. Three months after the operation there is hardly a scar left over the site of the lateral incisions, so kindly do the parts heal.

Failure will, of course, occur in poorly nourished children, or in those suffering from hereditary or acquired syphilis. Infection may cause sloughing, as might be the case in any surgical operation, but the claim is made, that in this operation more than in any other with which the writer is familiar, the principles are correct and that little is left to chance.

Instruments necessary are a long, slender knife, long curved scissors, two or three periosteal elevators of different curves and sizes, a long hook needle with eye near the point, a right and left curved needle with eye near the point and an attached slim handle, a blunt hook, a number of pairs of artery forceps and a pair of long mouse-toothed forceps, and a box of metal clips with forceps for snapping them on. For sutures, fine and coarse braided silk. The tape has been before described.

(Discussion of Dr. Rice's Paper.)

Dr. A. H. Powers: This paper is certainly very interesting, and more so because there is, as Dr. Rice has said, so little that is satisfactory in the way of literature in regard to this operation. These operations, of course, are not so very numerous in the total, and yet the amount of discomfort and embarrassment to the patient is very considerable, and the immense amount of ingenuity that has been set to work to overcome this defect is certainly a credit to the medical profession.

We find all sorts of ideas, some claiming that operation is never adequate, that something in the line of an artificial plate serves much better. Then there are all sorts of ideas in regard to the time when the operation should take place. I am glad Dr. Rice has presented some unique features in regard to the matter. The first is that in regard to the use of some of the suprarenal extracts, lessening the hemorrhage which in some cases has resulted fatally to patients from the irritation of the larynx and trachea and possibly by the setting up of a pneumonia. The use of this solution is undoubtedly a step in the right direction.

Then the other point is that of the use of the tape, which was brought out, I think, in a paper three or four years ago, but I do not imagine was very largely adopted. Here the use of the

rubber outside the tape is certainly a very considerable improvement, as plain tape would be likely to catch any septic material, if such should reach it, while the rubber would allow it to pass more readily. There is, of course, constantly in the atmosphere a certain amount of septic material likely to pass in and out, and although Dr. Rice has guarded against sepsis in the best possible manner, yet I question if a mouth would ever be absolutely sterile. I think culture of some sort would undoubtedly be found, even in well sterilized mouths.

The relief of any tension is undoubtedly a special advantage of this operation.

A query comes to my mind since hearing the article, as to whether a plain strip of rubber might not serve quite as well as the tape inside with the rubber outside.

Another query, as to the possibility of the use of chromicized cat-gut. The advantage, it seems to me, would be that cat-gut does not have a capillary action, while the braided silk always does. Those are the only two modifications that come to my mind, and those are simply from a theoretical standpoint. From my experience on other mucous membranes I have found that a thoroughly chromicized cat-gut serves better than any other suture material I have ever used. It seems to me that cat-gut could be chromicized so that it would last sufficiently long.

My own belief is that this operation should be attempted as early as the child's strength will allow it. My observation would seem to be that they speak much better. Anywhere from two to four or five years gives better results in the final outcome of the case.

A still further point in regard to this operation which commends itself is the fact that there is so little dressing and foreign material left within the roof of the mouth. We all of us, I think, have seen operations where a considerable amount of suture material was left in the mouth, which is very irritating to a young child.

A CASE OF ADENOCARCINOMA AT THE FUNDUS UTERI WITH PERTINENT REMARKS.*

BY H. A. WHITMARSH, A. M., M. D., PROVIDENCE, R. I.

Mrs. S., aged seventy-six, had passed comfortably and naturally the menopause at fifty. With no discharge for more than twenty years she again noted a slight flow of bright red blood. This on one or two occasions amounted to a drachm or two, but rarely exceeded a slight show, and would be altogether absent for weeks at a time. No other symptom referable to the pelvis,

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such as pain, leucorrhœa or pruritus could be elicited. General health, too, was excellent.

This irregularly recurrent flow continued a year and a half, when, at the suggestion of her physician, she visited me last November. Examination revealed a tumor on the right side entirely within the pelvis, not of the uterus but separable from it, elongated, irregular and elastic. This I deemed an ovarian or tubo-ovarian cyst, and seemingly a more important factor than the uterus itself for the following reasons:

First, the latter organ though enlarged was no more so than readily accounted for by one or two subserous fibroid nodules felt in its wall.

Second, a most innocent-looking polyp was seen at the external os, a more direct cause for the flow and another cause for relaxed uterus.

Third, small tumors of the adnexa are often a cause of enlarged uterus and also of uterine hemorrhage. Indeed, curetting is sometimes unsuccessful not because unskillfully or hurriedly performed, but because the endometrium will after a few months develop new vegetations, more readily, I think, in a uterus relaxed and congested by neighboring small growths.

The case then is thus briefly before us. What shall we advise? First is operation necessary? Second, is operation feasible? And surgical science has to do quite as much with question one as with question two. We shine, perhaps, more brillantly in successful operating, but are worthy of greater praise when our knowledge is sometimes even more severely tested in deciding that not to operate is better.

Fifteen years ago few surgeons would have ventured to advise conservatism in a cyst of this size. But small cysts in the pelvis may remain small, and if they produce no symptoms may be left undisturbed for an indefinite time. I believe this to be true not only of parovarian and broad ligament cysts, but also occasionally of those strictly ovarian. But for this patient there are two important questions. First, is the uterine condition as simple as it seems to be? For uterine flow occurring long after the menopause suggests malignancy. Second, is the cystic tumor growing? An affirmative to either of these questions would decide for early operation. Her physician is confident that there has been no material change in the pelvic organs since his first examination a year or more ago. Again the patient is imbued with the thought that she is too old for successful operation, and also has gained the impression that the condition itself is one not amenable to surgical interference. Hence though inclining to immediate exploration by curette to settle the question of cancer higher up in the uterus (the cervix certainly was not cancerous), and telling the patient that I regarded this the safer course, I yet suggested

that she could wait a month and see me again at the end of that time, or earlier, if hemorrhage did not cease; advising this more readily, because satisfied that any possible cancer must be confined to the uterus, the latter being freely movable and easily defined bimanually. Accordingly, I snipped off with scissors the innocent (?) polyp with its pedicle and dismissed the patient with a caution to see me again in four weeks. (Though as a matter of routine it were better to do so, I did not submit this tissue to expert pathological examination, because I felt pretty sure the result would be negative, and also because I had the confidence of my patient and knew she would revisit me for a more satisfactory exploration later.)

She returned to her home, but was so free from symptoms and so perfectly well that two months passed before I saw her. There had been little more than a suggestion of hemorrhage; the uterus had increased but little; the cyst, however, had grown perceptibly larger and more globular.

Now then; a growing cyst and a uterus still undetermined as to malignancy call with no uncertain sound for definite surgical procedure. First, dilation and exploration by finger or curette. Second, removal of cyst by laparotomy, together with further exploration of uterus if curette fail to prove its innocence; exploration not by pelvic inspection and palpation alone, but if necessary even by uterine incision. Third, hysterectomy, if any doubt remain regarding pathology, since removal of such a uterus adds but little to mortality. Her physician recognized, too, the changes mentioned above, and with me also advised operation. In behalf of the patient I am duly grateful to him for aid in overcoming the reluctance naturally felt by one especially of her years.

In January the curette found higher up more of the mucous polypi, and continuing, soon began to bring away tissue less simple in appearance, yellow and friable. Indeed, in less time than it takes to write it, the diagnosis of cancer has been made and abdominal hysterectomy decided on.

Cleaning the mucous surface rapidly and applying phenol thoroughly to the same, we proceed to the abdominal work of removing the cyst and *entire* uterus, leaving no vestige even of the cervix. Vaginal vault is partly closed, enough opening being left for rubber and gauze drainage. Anæsthetic was chlorform followed by ether. Absolutely no nausea followed operation. Reaction was slight, temperature remaining below 100°, pulse below 80. Very little discharge per vaginam. Uneventful convalescence. Perfect result thus far, and what is better, from previous experience I can predict somewhat confidently that no return need be looked for. In hysterectomy for carcinoma of cervix I feel less hopeful as to prognosis.

In this case pronounced by our pathologist as adenocar-

cinoma the trouble is chiefly at the fundus of the uterus, confined mostly to the endometrium, the uterine wall being only very slightly invaded. It seems clinically quite plain and the microscopist indeed suggested, that mucous polypi originally benign, later degenerated and became malignant.

You perceive that I am giving nothing startling nor new, though comparatively rare. Rather am I reading you a page or so out of the ordinary daily life of the surgeon, touching a condition, however, that may confront any one of us at any hour, whether he be surgeon or family physician. Indeed, it is to the general practitioner first that such a case more often comes. And there is nothing in the range of medical ministry more important than the early recognition of malignant disease. On this account I venture to treat further of certain practical questions attaching to this case as a text.

1. When and how, e.g., did this combination begin? The cyst, the fibro myomata, the polyps, the adenocarcinoma?
2. Our pathologist ventured the opinion that malignancy had doubtless supervened upon simple benign disease of the endometrium. If so, as seems evident, how long had vegetations and the polyp existed before malignant degeneration occurred?
3. What is the significance of uterine hemorrhage?
4. Is there any relation between the cyst and the uterine disease?
5. Is there any causative relation between the cancer and the fibromyomata?
6. What is the frequency of cancer of the body as compared with that of the cervix?
7. Is "the role of the sharp curette" to-day what it was, say ten years ago?
8. Which route for hysterectomy in cancer of uteri not much enlarged?
9. What about prognosis; for my intelligent patient had early asked if the trouble will not return?

The last question, by far the most important one, let us consider first.

I know not how it has been with you, but I have come to operate for such cases with special satisfaction. With the exception of epithelioma of the skin or extremities or very superficial ones of the cervix there is no malignant disease, at least no carcinoma I remove with greater mental comfort than that of the uterus when located at the fundus and limited to the uterine wall. Since, however, according to Schrœder only 3.4 per cent of uterine cancer orignate in the body of the uterus, this mental satisfaction is not enjoyed so often as I would like. I have yet to record a recurrence after hysterectomy, either vaginal or abdominal, for the condition above

described. "Of all the portions of the human body in which it is safest for cancer to occur, if the word safe may be used in this connection, the fundus uteri is that portion." (Baldy, Am. Gyn. and Obst., June, 1901.)

The reproductive organs of woman are apart from the general economy. The fundus is even farther removed than the cervix. Beginning, as it generally does, in the endometrium, carcinoma in the body progresses far less rapidly than in the cervix, more slowly invades the lymphatics so that three years may pass, and according to some evidence, possibly even five years may elapse before a fatal termination. Baldy writing in 1901 quotes, "practically all cases of cancer of the cervix whether operated or not eventually die of the disease; practically all cases of cancer of the fundus, if operated upon and recover, remain well." Of his own twenty-four cases of cancer of the body, twenty-one were operated with a mortality of two. The nineteen recovering suffered no recurrence. Penrose in 1889 had operated for seven cases of cancer of the fundus without a recurrence. But their results in cervical cancer were discouraging in the extreme.

Results at Johns Hopkins at that time were:

In thirty cases of cancer of the body, in 66 per cent no recurrence; in seventy-three cases of cancer of the cervix, in 20 per cent no recurrence.

In this connection the work of Wertheim in uterine cancer is interesting as given in the *British Medical Journal*, Sept. 23, 1905. Six years ago only 15 per cent of his cases were submitted to operation and only one-third of these remained well, so that only 5 per cent represented his actual success in treatment. He then began systematic extirpation of lymphatics (first practiced by Ries of Chicago, also by Rumpf and Clark.) His operable cases rose to 30 per cent, and later to 50 per cent. The parametrium is 22.5 per cent, though soft and distensible, was cancerous. Though infiltration was marked in 14 per cent of all cases, the parametrium was not cancerous.

As to the time when lymphatics become involved, Kundrat found that in 10 per cent glands were cancerous even when the parametrium was not; 27.5 per cent was not cancerous even when the parametrium was; in 40 per cent both were free; in 20 per cent both were affected.

From this he concludes that in only 40 per cent of uterine cancer is the vaginal method a radical operation at all, since by the vaginal route thorough removal of parts involved is not feasible.

Wertheim claims that 60 to 70 per cent of his operated cases remained well four or five years after operation. A very remarkable showing, especially in view of the large percentage of cases (50 per cent) submitted to operation.

Clark (*Surgical Gyn. and Obst.*, February, 1906) says: "Our patients die from local continuance of the growth rather than from wide-spread glandular metastasis." More than forty-three per cent who died were entirely free from such metastasis. Its presence or extent seems to bear no relation to the extent of the local disease. The size of a gland is of no clinical value in deciding whether it is or is not cancerous. Large, hard infiltrated glands are frequently not cancerous; even the smallest gland may be. (Schauta; Kundrat.) Cancer just starting on one lip of the cervix may give metastasis, while very advanced local disease may give none at all. This infrequency of metastasis alleged by Cullen and Winter is challenged by Peiser, Wertheim, and Ries, who think metastasis has been present but overlooked. Carcinoma is not always confined to the glands, but may involve lymph spaces, connective tissue, or veins between the glands.

RELATION OF FIBROMYOMA TO CARCINOMA

That there is a causative relation between fibromyoma and adenocarcinoma of the body of the uterus is more than probable. Just what this relation is may be difficult to explain. But it is a fact*"that adenocarcinoma of the body is relatively far more frequent in myomatous uteri than in others." Out of one hundred cases of uterine cancer reviewed by Kelly, eight had also fibromyoma. Six of these had adenocarcinoma of the body, one adenocarcinoma of cervix, and one epithelioma of cervix. Again, in 280 cases of fibromyoma, McDonald found six associated with adenocarcinoma of the body, two only of the cervix.

If the general relative frequency of cancer of the body be 6 per cent to 10 per cent, or according to Schroeder, only 3.4 per cent, as compared with the cervix, why this decided reversal of order in fibromyomatous uteri, unless the fibroids be a factor in etiology?

This, so far as it goes, has a practical bearing on the question of operation in fibroids.

According to Richelot every uterine fibroma is accompanied by hypertrophy of the endometrium, and fibroids predispose to malignancy. Nor does he think it necessary that the fibroid be large. Though the fibroid itself very rarely degenerates into cancer, a fibromyomatous uterus is a soil on which carcinoma may readily develop.

Statistics of McDonald, Noble, A. Martin, and others, show that $4\frac{3}{4}$ per cent of fibromyomata of the uterus are associated with malignancy, carcinoma being twice as frequent as sarcoma.

*Lewis, Am. G. Obst., October, 1905.

CURETTE

The case narrated, well illustrates one chief sphere of the curette. As a means of diagnosis it was invaluable, bringing quickly to view tissue lying high at the fundus, tissue so evidently malignant that nothing short of complete hysterectomy would do. And by curette I mean the *sharp* curette, now and always, for I never carry the dull, unless it be a large blunt loop for recent placental debris in emergency. Sharp, not for the purpose of cutting, for this idea does not primarily belong to the word. The French "curer" means "to cleanse," the idea being to make clean by scraping, the sharper the instrument, the more lightly should it be held, as a writer holds his quill or the artist his brush, and not as the man who hoes corn! One can make cleaner a mucous surface with far less force and bruising of structures with the sharp than with the dull. Granulations and shreds of tissue readily engage in the moderately sharp curette which easily escape the dull, employed even with considerable pressure.

It is the man behind the curette rather than the instrument itself, just as it is the man behind the anesthetic. The use of it, not the abuse of it. To quote: "There is no operation in gynæcology that requires greater skill, knowledge of pathological conditions, or extensive experience than curettage." While this is a little sweeping, I must insist that it is by no means always an innocent proceeding. And yet I was about to say almost every physician in Providence does his own curetting. The operation *may* be very simple, but it is so only when the disease is very simple, as e.g. a simple polyp, etc. Curettage, on the other hand, may require the greatest skill when pathological conditions are complicated and obscure. Hence it is not too much to say that no man should take a curette in hand *unless he be a master in asepsis*, or until he has acquired special skill in diagnosing pelvic disease. But this is only what surgical science really is, *viz.*, the knowing What—When—How.

Personally I have come to value the curette,

1. In recent abortion, or miscarriage of early months.
2. In subinvolution from neglected retained placenta, etc.
3. For diagnosis in metrorrhagia from diseased endometrium (simple or malignant.)
4. (Combined with dilation) for dysmenorrhœa and sterility from pathological flexions.
5. As a routine procedure in certain laparotomies.
6. In puerperal sepsis *early*, and generally *once only*, to be sure cavity is free from fetid masses.

Repeated curettements here I can not too strongly condemn, believing that fatal mischief is often done in cases otherwise curable. We can not fight sepsis with the curette. Williams

and Krönig have shown the mortality of sepsis to be 5 per cent with uterine canal undisturbed; increased to 22 per cent after curetting.

7. In cleansing sloughing inoperable cancer, *following invariably with the cautery.*

In view of the fact that more than half the cases are seen too late for operation at all, and that recurrence is the result in a large percentage even with the best operators, we certainly are in duty bound to bend our energies to prevention, and to early discovery where preventive measures fail. As a profession we are responsible for the attitude of the lay mind toward "change of life." Many in our own ranks are, I fear, still asleep, who should be vigilant for their patients during and after the menopause. Nor should we wait always for our patients to mention ills they so often think too slight. Rather should we take the initiative and with a few questions tactfully put, discover whether there be irregularities calling for examination. A patient not prepared for examination at our office may take most kindly the suggestion that we call at her home next day.

This paper will be of value if it shall stimulate to greater vigilance on our part, and incidentally to better teaching of the laity regarding a very critical period in woman's life. Twenty nine per cent of primary cancers are uterine; 52 per cent occur in women who have not borne children (Cullen.) 75 per cent of cancer of the body occur after the menopause.

There is no "first symptom" of cancer of the uterus. But a leucorrhœa that persists between the menstrual epochs means disease of some kind and should be thoroughly investigated and cured. Atypical flow is the other symptom to be strictly accounted for.

The menopause may pass normally in the following ways: Menstruation may simply at the proper age fail to appear, that function terminating abruptly without further symptoms. Or the flow may become gradually less each month and finally cease altogether. Or it may take place irregularly as to time, skipping one, two or three months and varying as to quantity, then cease. But any irregularity other than these mentioned, and especially any excessive flow, should be regarded with suspicion even at this period in woman's life. It is morally certain that among the patients of this company of doctors are some this day with uterine cancer as yet unrecognized. It is our duty to find them.

Let me conclude with a few practical hints.

1. Uterine hemorrhage occurring one or more years after the menopause generally means malignancy.

2. Tissues already abnormal are more liable to malignant degeneration. Hence the importance of a healthy endometrium and repair of badly healed lacerations of the cervix.

3. A uterus of normal size can be the seat of extensive cancerous degeneration.

4. A patulous os means something abnormal in the uterine cavity, endometrium or uterine wall.

5. Safe use of the curette lies in strict observance of asepsis, and correct diagnosis of the conditions to be treated.

6. Advanced years do not necessarily contraindicate even serious operation. One woman may be young at eighty, another old at forty.

7. The last page of Cullen's book on Cancer of the Uterus is given to Thornton's plea for early recognition of malignant disease of the uterus. It should be read by every physician in the land.

GLEANINGS

DYSMENORRHEA.—With galvanism we may do with the menstrual function what we will. We may increase it, we may decrease it, we may stop it.

Dysmenorrhea, due to an infantile uterus, is first treated by using the negative pole of the galvanic current attached to a small metal olive. This is applied at the external os, and by its action gradually enlarges the cervical canal, thereby allowing entrance into the uterine cavity, of other instruments. A slowly interrupted faradic current is then applied which stimulates the myo-metrium, and eventually will cause an increase in size and an improvement in the muscle tone.

Membranous dysmenorrhea, so difficult to treat by other means, yields readily to the application of the negative pole. This is attached to an intra-uterine electrode with a metal tip 1¼ inches long, the positive pole being attached to the abdominal pad. The current is gradually increased to 30 or 40 milliamperes, and continued for ten minutes. Treatments are given twice a week, during the inter-menstrual period. By this means the endometrium is kept from becoming hard and thickened, under which conditions it almost requires labor pains in its expulsion. Many cases have been cured in this way, in from two to three months, although some have proven more troublesome.—*Neiswanger. N. A. J. of H.*, November, 1905.

Apropos of the modern treatment of tuberculosis, the following is taken from the daily press:

SHORTAGE OF EGGS.—When General Chaffee visited Fort Bayard in New Mexico, where the tuberculosis patients of the army and navy are treated on the modern principle of keeping them in the open air and stuffing them with highly nutritious food, he asked a group of convalescents whom he saw, if they had any complaint to make. One of the number who was on the up track, whose allowance of raw eggs had on that account been slightly reduced, stepped forward, made the proper salute, and said that he had a complaint to make. With military precision, General Chaffee ordered him to state it:

"My supply of eggs, sir, has been cut down to fourteen a day."

The General promptly dismissed the complaint, and now tells the story as an example of the lengths to which the modern methods of grappling with the white scourge have been carried.

Patient—"Isn't that a pretty big bill?"

Doctor.—"Well, living costs more than it used to, you know."

EDITORIAL

Books for review, exchanges and contributions—the latter to be contributed to the GAZETTE only, and preferably to be typewritten—personal and news items should be sent to THE NEW ENGLAND MEDICAL GAZETTE, 80 East Concord Street, Boston; subscriptions and all communications relating to advertising, or other business, should be sent to the Business Manager, Dr. WILLIAM K. KNOWLES, 40 Mt. Pleasant Ave., Roxbury, Mass.

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Reports of Societies and Personal Items should be sent in by the 15th of the month previous to the one in which they are to appear. Reprints will be furnished at cost and should be ordered of the Business Manager before publication.

VACATION AND THE INTERNATIONAL CONGRESS.

This season of the year is generally one of relaxation and recreation! The prevailing temperature brings about a state of passivity rather than one of activity and restlessness. People are leaving crowded cities and towns, seeking change, comfort and rest among the hills, by the seashore, in foreign travel. To those in whom fatigue is not a marked condition the sports,—golf, tennis, fishing, sailing, tramping, are making an effective appeal. The out-of-door life is making people healthier; they have fewer ailments and seek professional advice less frequently. The heretofore busy physician therefore is less burdened with labor and responsibility, and he too is thinking of seeking recreation such as is furnished by changed environment. The season naturally calls one out-of-doors. Nature is in her most enticing moods, and he is hard-hearted, unsentimental, unappreciative and stupid who refuses to succumb to Nature's wooing.

The "simple life" free from cares, far distant from the sound of telephone and other bells; where office hours need not be kept; with long, undisturbed nights, is a dream many an over-worked general practitioner would gladly have converted into a reality; while to others less worn by life's struggle, the pleasure of sight-seeing and the education and excitement of foreign and even domestic travel prove more attractive. Of course there are those in the profession for whom the "good old summer time" is not a season of rest. As the heat increases so does their work, and the long days are apt to mean to them long hours of close application to duties.

It so happens therefore that the vacation is usually taken when demands of practice are the least mandatory, but, however one's holidays are to be spent, whatever one's fancies may be, the homœopathic practitioner should not forget that the season of 1906 brings to him certain privileges and duties which should be taken into serious consideration when plans for the summer are being made. The "privileges and duties" here referred to are connected with the Seventh Quinquennial International Homœopathic Congress which is to be held in Atlantic City during the month of September. It may be considered a privilege to meet one's colleagues gathered together from distant parts of our own great country, and unitedly to welcome colleagues who come as delegates from other countries; from England, from France, from Holland, from Australia, from Brazil. It may be considered a privilege to discuss in such a gathering the welfare and progress of homœopathy in various parts of the world; to discuss questions connected with drug pathogenesy, with therapeutics, with preventive medicine, with sanitation, and with the "specialties." And it certainly may be considered an inescapable duty to attend such an unusual gathering as this Congress promises to be, and to carry to it the force of one's personality and the weight of one's accumulated experiences and matured judgment to help in the growth and development of medical knowledge and skill. It is perhaps unnecessary to refer to the duties which devolve upon the individual in his capacity as a member of the profession, for they are evident to all whose hopes and ambitions are not dwarfed by self-interests.

The Congress is to begin on Monday, September 10th, and end on Saturday, September 15th. Readers of the GAZETTE scarcely need to be reminded that the meeting of the American Institute of Homœopathy, which is usually held in June, has been postponed this year till September in order to be merged into that of the Congress; and that an International Congress meets in this country only once every fifteen years; and that this Congress of 1906 will be the third one held in America. Unusual efforts have been made to ensure a brilliantly successful meeting in September. It remains for members of the profession to make it such a success. And now is the time to lay plans to attend. There is no more desirable place than Atlantic City on the continent in which to spend a week in September;

no other place with such peculiar charms and attractiveness combined with such ample accommodations. At the end of the summer, after a period of rest, one can have a rested body and refreshed and more recipient mind for the Congress; in short will be better prepared to give and to receive than is the case late in June at the end of the long season of professional work. In arranging for the summer vacation, therefore, plan to attend the Congress in September.

STATUS OF BOSTON UNIVERSITY SCHOOL OF MEDICINE AMONG AMERICAN MEDICAL COLLEGES.

The readers of the NEW ENGLAND MEDICAL GAZETTE will find much to interest them in the report presented last month to the A. M. A. by its committee on Medical Education. It appears in the *Journal of the American Medical Association* for June 16th, 1906. Very careful tabulation has been made of all the graduates of the medical schools who have presented themselves for registration before the state examining boards. This list is supposed to include every medical college in the country, about 160 in all, and reports the number of graduates from each that have obtained registration in the various states, the number that failed, and the percentage of failures. Three sub-divisions are made,— (1) those institutions where the percentage of failures was less than 10; (2) those with from 10 to 20 per cent; (3) those with more than 20 per cent. Another class is given where complete information was not obtained for some reason.

Let us quote a paragraph from the report:—

"In Class three we will find some thirty-eight schools, with a percentage of failures of more than 20 per cent. It is evident from a study of the medical schools in this country and their work that there are five specially rotten spots which are responsible for most of the bad medical instruction. They are Illinois, Missouri, Maryland, Kentucky and Tennessee. In Table 3 this fact is very well shown. Beginning, for example, with these five states, you will find in Illinois a group of colleges, with 36.8 per cent, 21.5 per cent, and 30 per cent of failures. You find in Kentucky, for instance, a group of five colleges, with 44 per cent, 30 per cent, 25 per cent, 37 per cent, and 25 per cent of failures. You find in Maryland a group of five colleges

with 24 per cent, 69.2 per cent, 26.2 per cent, 22.7 per cent, and 29.5 per cent of failures. You find in Missouri a group of five colleges with the following percentage of failures: 48.4 per cent, 52.4 per cent, 60 per cent, 25 per cent, 30.8 per cent. Lastly you find in Tennessee a group of six colleges the percentages of failures 60 per cent, 41.8 per cent, 30.4 per cent, 36.7 per cent, 51.4 per cent and 34.1 per cent.

"The principal cause for this bad work is found in the existence of medical schools which are conducted for profit."

There are forty-seven colleges showing less than 10 per cent of failures at the state board examinations; less than one-third the entire number. Of these six are homœopathic, and of these six homœopathic schools, Boston University School of Medicine holds the lead with only 2.7 per cent failures. Therefore, just one-third of our homœopathic schools are in the first class, while less than one-third of the regular schools are so located. When it is noted that ten of our schools are in the unclassified list with insufficient data the relative showing will be seen to be even better. Two homœopathic colleges are in Class 2 and one in Class 3. The list of the above in order of rank is as follows:

Boston University. Percentage of failures	2.7
New York Homœopathic Medical College and Hospital	3.1
Hahnemann Medical College, Philadelphia	3.6
Hahnemann Medical College, Chicago	3.6
Hering Medical College	5.5
State University of Iowa, Homœopathic Dept.	10.0
Chicago Homœopathic Medical College (now Hahnemann Medical College of Chicago)	11.3
Southern Homœopathic Medical College	12.5
Cleveland Homœopathic Medical College	35.7

Among this entire number of about 160 schools, Boston University School of Medicine stands twelfth, thus out-ranking Yale, P. & S. of Chicago, Rush, Cornell, Buffalo, Bowdoin, Univ. of Pa., Dartmouth, Jefferson, Medico-Chir. of Phila., as well as many other well-known institutions. Among the four Massachusetts schools the standing is as follows:

Harvard. Percentage of failures	.6
Boston University Percentage of failures	2.7
Tufts College. Percentage of failures	14.5
College of P. & S. Percentage of failures	31.2

Certainly to one who will carefully consider the above, or the original from which this has been taken, there will be found little to justify the assertion that homœopathic institutions

are falling behind in the quality of their graduates. On the contrary the preceding should be an inspiration to the Faculty and Alumni of Boston University School of Medicine to still uphold the highest educational standards and make the most earnest endeavors to secure and graduate students who shall be even a greater credit than their predecessors to the School and the Cause it represents.

DISCRIMINATION AGAINST HOMŒOPATHY REMOVED.

The unregenerate may cry "Mirabile dictu!" at the action of the Massachusetts Medical Society, when at its one hundred and twenty-fifth annual meeting held in Boston, on Wednesday, June 13th, it amended its by-laws so as to no longer discriminate against homœopathists. It did not vote, to "admit homœopathists to membership." It made no declaration concerning homœopathy. It did not even recognize homœopathy except indirectly. The term homœopathy is still offensive and is likely to remain so in many quarters until the millennium, or until humanity is no longer in need of a healing art. Notwithstanding what the papers have said, or the thoughtless have claimed, no invitation was extended to homœopathists by the Massachusetts Medical Society to become members of that time honored institution. The amendment simply removed a barrier, and practically announced that, hereafter on the broad lines of medical education, and for the sake of humanity, physicians of proper qualifications may hopefully apply for admission, and on satisfying the censors that they possess the required qualifications, may come up for election to membership.

All this may be looked upon as a tribute to the progress homœopathy has made; as a courtesy which should be appreciated as such. There is no probability that homœopathists will hurry post-haste to make application for membership, but it certainly must be a source of satisfaction to broad-minded people to believe that such applications backed by the required qualifications would no longer be frowned upon. That part of the new by-laws under consideration reads as follows:—

"Candidates for admission into the Massachusetts Medical Society may be either male or female; and every candidate must by examination, as hereinafter provided, satisfy the cen-

sors of the society that he is not less than twenty-one years of age; that he is of sound mind and good moral character; that he has a good general English education; that he has a knowledge of the principles of experimental philosophy; that he has such an acquaintance with the Latin language as is necessary for a good medical education; that he has studied medicine at an authorized medical school, recognized by the councillors of the society, and has received a diploma from said school; *that he does not profess to treat diseases by, or intend to practice, any exclusive system, generally recognized as such by the profession* [Italics ours, Ed. Gaz.] or declared so by the councillors of the society; and that he possesses such other qualifications as the society may deem necessary."

The amendment had been under consideration for a long time and the committee's report was not accepted without a full discussion, lasting it is said, two hours; or without certain amendments being offered by some of the senior members which looked to greater "restrictions." The report was, however, finally accepted and the by-laws adopted.

The phrase "any exclusive system" may be quoted as being discrimination, but it need not be looked upon as such, for it is impossible to curatively treat all kinds and cases of disease by an "exclusive system."

Hahnemann himself used camphor as a "germicide" in the treatment of cholera.

Hahnemann laid stress on the importance of "diet" in the treatment of disease.

Hahnemann recognized the necessity of "surgery" (and what was the surgery of Hahnemann's day?).

Hahnemann insisted on the value of "preventive medicine."

Hahnemann therefore did not practise an "exclusive system."

His followers have done these things ever since his day, and have added diphtheria anti-toxin and other things to the list, and therefore do not practise exclusively, an exclusive system.

In the use of drugs on a *curative* basis it is possible to adhere to the formula of similars. In extreme cases and for palliative purposes the narcotic, hypnotic and analgesic properties of certain drugs may be utilized without giving rise to the claim of serious inconsistency.

Homœopathy, however, still has a mission, and a worthy one, to perform. It must yet win for itself a straightforward and direct recognition as a something sometimes of value, and this can be done not by *denying* but by *demonstrating* its utility.

THE TEST PROVING OF BELLADONNA.

Probably before this number of the GAZETTE reaches its subscribers they will have received notice of the publication of a new book. The book is not yet printed, but its manuscripts are quite ready for, if not actually in, the printer's hands, and in a short time the book itself will be ready for distribution.

Its title is peculiarly homœopathic. Its subject-matter partakes of the nature of purely original investigation. It is not a complication of quotations from other books. It is wholly new from cover to cover. It is an illustration and an entire vindication of one of the cardinal principles of homœopathy:—that the only way to ascertain the pathogenetic properties of a drug is to prove that drug upon healthy human organisms. It shows convincingly that a willingness to prove drugs still exists. It is a book of pure provings uncontaminated by records of poisonings, of over-dosings, of external applications or of "clinical effects."

The provings possess unique and particularly scientific value due to the use of the most approved of the modern methods of conducting experiments. The fifty-three provings it contains were made by healthy people who did not know what drug they were taking, and who were under observation and examination by specialists before, during and after the experiment. These fifty-three provings have been analyzed in accordance with a new, physiological, as well as with the old Hahnemannian anatomical schema. The book contains much that is practically useful. It is a credit to homœopathy, to the O. O. & L., under whose auspices it came to be, and to its editor, a well-known Boston specialist, Dr. Howard P. Bellows, whose painstaking and exact methods, and deep-seated desire to advance the cause of homœopathy, and confidence in homœopathic principles and practice, admirably fit him for the work upon which he has spent so much energy, so much thought, and so much time. The book is to be sold by subscription, and it rests with the profession to show its appreciation of truly scientific work and to encourage further work in this same direction under the guidance of the American Institute for Drug Proving. The GAZETTE earnestly commends this subject to the good will and serious consideration of its readers.

O. O. & L. SOCIETY.

The GAZETTE takes great pleasure in presenting to its readers the following notice received from the Executive Officers of this influential Society, and also takes advantage of this opportunity to congratulate the O. O. & L. Society and the pro-

fession on the hearty coöperation that is apparent in all directions in connection with the International Congress. The Institute, the O. O. & L., the Surgical and Gynæcological, and the Obstetric Societies, and the National Society of Physical Therapeutics are rapidly maturing their plans and preparing their programmes for a meeting which should be a phenomenal success, and which can be made so by the interest and coöperation of the individual members of the profession. The notice referred to is as follows:—

ATTENTION! MEMBERS OF THE O. O. & L. SOCIETY.

The official headquarters of the American Homœopathic Ophthalmological, Otological and Laryngological Society, while in session at Atlantic City, September 11th to 15th, will be at the well-known and recently greatly enlarged Hotel Dennis where all the elect are expected to take up their residence and be social.

Rates will be reduced for our benefit and will range, according to size and location of rooms, from $3.00 to $5.00 per person, per day, including room and board. As there are many summer visitors still remaining at Atlantic City during the second week in September, reservations should be made as long in advance of the meeting as possible, for while we can all be nicely accommodated, with our wives and families, *if we notify the proprietor in time,* trouble may be experienced if we wait until the last moment.

Excellent rooms for the scientific sessions have been secured and the Secretary has already received an abundance of papers to be presented and read at the regular sessions. In addition to the regular papers two evenings will be devoted to papers limited to seven minutes each. The first evening will consider *cures made by the use of a single remedy homœopathically administered.* The second one will take up our *failures,* considering cases that have not responded to any kind of treatment, satisfactorily.

It is expected that one afternoon will be devoted to clinical work, and it is likely that the beautiful new operating room at Galen Hall, the homœopathic sanitarium-hotel of Atlantic City, will be available for the purpose.

Out of respect for the International Homœopathic Congress, we will hold no morning sessions, and urge all of our members to attend the sessions of the Congress during that time, as the subjects under consideration by that body will be of paramount interest to us all.

Promising you all that which will interest your minds and be to the comfort of your bodies, I urge you to be on hand for the opening session, Tuesday afternoon, September 11th at half after two. Fraternally yours,

[Signed] JOHN B. GARRISON, *President.*
David W. WELLS, M.D., *Secretary.*

THE NATIONAL ASSOCIATION FOR THE STUDY AND PREVENTION OF TUBERCULOSIS.

The second annual meeting of this Association was held at Washington, D. C., at the New Willard Hotel, May 16, 17 and 18, 1906, with a large attendance from all parts of the United States, and with a small delegation from Canada. Much enthusiasm was shown and many papers were read and discussed. No one could possibly doubt that this was a representative gathering of the best American medical talent interested in tuberculosis, which could not be said of any of the other so-called Congresses of Tuberculosis which have been held in the last few years. The first meeting of the Association a year ago was devoted entirely to Pulmonary Tuberculosis. This year a section on Surgical Tuberculosis was added and also one on the disease as it occurs in children. Both of these proved interesting additions and attracted some who had not been drawn in before;—among them Surgeon Arthur T. Cabot, President of the Massachusetts Medical Society, and Dr. J. E. Goldthwait who discussed affections of the bones and joints; also Dr. Charles H. Mayo of Rochester, Minn., who spoke of the cervical glands.

In the absence of the President, Dr. Flick of Philadelphia presided and gave an interesting address, in the course of which he called attention to the coming International Congress of Tuberculosis to be held in Washington in 1908, and which promised to be a greater affair than any yet held in Europe. He urged the raising of a fund of $100,000 for this Congress.

The Executive Secretary reported that the membership had increased from 400 to over 1000 in the year. He stated that there are now ten state associations for the prevention of tuberculosis and twenty-five local societies, besides many others in process of formation. Exhibitions with lectures under the control of the National Association have been held in various large cities and have been attended by over 150,000 people, thus spreading a knowledge of the subject where it needs most to be known.

The Association has adopted as its official organ the *Journal of the Outdoor Life*, a valuable and sprightly monthly published at $1.00 a year at Trudeen, N. Y., which, by the way, is exceedingly interesting reading for physicians or laymen. In the Sociological Section, among others were read "Tuberculosis among the Indians," and "Tuberculosis among the Negroes," which latter paper brought out a lively discussion participated in chiefly by doctors from the south; also the "Influence of Sanatoria on the Value of Surrounding Property"; "Effective Methods of Educating the Public"; "Industrial Sickness Relief Associations and Tuberculosis," etc.

In the Clinical and Climatological Section were read papers by the veteran Dr. Edward L. Trudeau of Saranac Lake, N. Y., on the "Therapeutic Use of Tuberculin Combined with Sanatorium Treatment"; on the "Use and Abuse of Pulmonary Gymnastics" by Dr. Charles L. Minor of Ashville, N. C.; on "Home Treatment" by Dr. L. F. Flick of Philadelphia, etc.

In the Children's Section the paper which attracted the most attention was one by Dr. J. W. Brannon of New York on "Arrest (Cure) of Tuberculous Processes in Infants and Young Children — Fresh Air — Seaside Hospitals," in which he described the remarkable results attained in the open shacks on the sand near Coney Island in poor little children with bone and joint tuberculosis. Wonderful to relate, this treatment has done away with a large part of the surgery hitherto considered necessary in such cases.

On the whole, the meeting was a great success and an inspiration. More of our homœopathic physicians ought to go. Laymen are also eligible as members, although the physicians are in a large majority. H. C. C.

A FRIEND IN NEED.

The Homœopathic Medical Society of California has made a modest and earnest appeal to the homœopathists of the country at large which should not be allowed to pass by unheard. Among other losses our contemporary the "Pacific Coast Journal of Homœopathy" was wiped out by the fire following the earthquake, "the only thing remaining being an indebtedness for work already done." To show the spirit of our western colleagues the following paragraph is quoted from a circular sent out by the Society.

"The annual meeting of The California State Homœopathic Medical Society was held on May 16th, at the Secretary's office, in this city, [San Francisco] while the ruins of our city were still smoking, people were still cooking on the sidewalks, regulars were still keeping guard and candles were still the only means of lighting our homes. The meeting was well attended and the entire day devoted to a discussion of 'What to Do Next' to maintain the various interests of our school in this State, more particularly in the metropolis, the home of our college, of our hospital (now badly shattered and put out of commission by the earthquake) and of our Journal.

In the course of a discussion on the immediate needs of the Pacific Coast Journal of Homœopathy, and following a motion to appropriate for its relief nearly all the funds of the State Society still in hand, amounting to about $150.00, Dr. H. R. Arndt, made a statement in substance as follows:"**

In a very plucky way members of the Society "pledged themselves to make every effort in their power to save the Journal." More than fifty members were present and a committee was appointed to solicit subscriptions, and the well-known editor of the Journal, Dr. H. R. Arndt, was instructed to appeal to the members of the profession in the East. In his appeal he says:—

"It is in obedience to this instruction that the undersigned earnestly asks of you, for the sake of homœopathy on the Pacific Coast, and all that it represents to the profession at large, to give us at least one year's subscription. A reasonable response on the part of our brothers in the East, who have already remembered us so generously, will enable us to carry on our work and to hereafter once more bear our own burdens. At this time we are unable to meet all the emergencies which have so unexpectedly and with such crushing force come upon us."

Dr. Chas. T. Tisdale of Alameda, California, is the business manager of the Journal and to him subscriptions may be sent. It is not only a friend in the times of our own need that should be thought of. Sometimes it is good for us to try to be that "friend" to others.

HOSPITAL BULLETIN

New Homœopathic Institution of Newburyport.—Monday, May 28, was the opening day of the new hospital by the Newburyport Homœopathic Hospital Association. This corporation is the result of a meeting of George W. Worcester, M.D., Hon. Charles C. Dame, David Foss, M.D., Hon. Albert Currier, Charles W. Stiles, M.D., Charles F. Johnson, M.D., Charles S. Stanley, M.D., John E. Bailey, Rev. John W. Dodge, and Philip H. Lunt, held June 15, 1893. Articles of incorporation were received and on July 1, 1893, the first meeting was held. The corporation, about two years ago, purchased the beautiful estate of the late Capt. Charles Lunt, which has now been put in first-class condition for hospital purposes.

The institution occupies an ideal site; the buildings are somewhat secluded away from noise and disturbance and open to the best of air and sunlight. On the first floor of the main building is the matron's office and private room; also a large reception room furnished by a friend of the hospital, and beyond, the dining room, kitchen, pantry, butler's room and laundry. The second floor is devoted to rooms for patients, etherizing, operating, and sterilizing rooms. The third floor has wards for patients and rooms for nurses and domestics. The children's ward is in the northerly corner of the third story and is an ideal place. This ward was furnished by the children of the city. The largest number of beds in any room is five, the building accommodating altogether fourteen adult patients and four children.

The matron of the hospital, Miss Edith G. Creesy of Salem is a graduate of the Massachusetts Homœopathic Hospital, and a woman of much executive ability. She will have associated with her at present none but graduate nurses. One, Miss Alice Tucker of Boston, also a graduate of the Massachusetts Homœopathic Hospital is already here.

The consulting surgeon will be Dr. Nathaniel W. Emerson of Boston, and the attending physicians will be Dr. G. W. Worcester, Dr. D. Foss, Dr. C. W. Johnson, Dr. C. F. A. Hall, and Dr. Pilling of Newburyport, and Dr. Eveleth of Amesbury.

The trustees of the hospital are organized as follows:

President, G. W. Worcester; vice-president, Lewis Balch; secretary, Charles W. Johnson; treasurer, James H. Higgins.

The trustees: The above officers and Rudolph Jacoby, G. W. Langdon, W. B. Rogers, David Foss, Albert Currier, Green Davis, O. O. Jones, W. H. Bayley, H. B. Trask, J. E. McCusker, and P. H. Reed.

The new hospital was formally dedicated on Monday afternoon, and the exercises were open to the public. Dr. J. L. Coffin, professor in the Boston University School of Medicine, made the principal speech.

THE Boston Floating Hospital will this year have a new boat for its use on harbor excursions. This will be an improvement over the one formerly used in that it will have its own motor power.

THE new services for the months of July, August and September at the Massachusetts Homœopathic Hospital are as follows:

Medical: Chief, Dr. F. P. Batchelder; assistants, Dr. W. T. Lee.

Surgical: Chiefs, Dr. J. E. Briggs, Dr. W. F. Wesselhoeft; assistants, Drs. C. T. Howard, T. E. Chandler, C. Crane, E. S. Calderwood and W. K. S. Thomas.

Maternity: Chiefs, Dr. S. S. Windsor; assistant, Dr. R. C. Wiggin.

DR. FRANK W. PATCH of Framingham, Mass., has just issued a neat little folio concerning "Woodside Cottages" on Indian Head Hill.

Here chronic and mental diseases are treated with the utmost care, each patient being considered separately, the constant aim being to individualize every case.

THE annual report of the Massachusetts General Hospital for 1905 shows that a total of 5,096 house patients have been treated during the year, this being a somewhat smaller number than was treated during the preceding year. In the Out-Patient Department 21,874 cases are recorded, which is also somewhat less than the number reported in 1904. It is noted in addition that the total number of patients at the Maclean Hospital has decreased during this year.

For the first time in the history of the hospital the name of Warren does not appear upon the staff, the last representative, Dr. John Collins Warren, having resigned in January, 1905.

EMERSON HOSPITAL.— We are in receipt of the recent booklet from the Emerson Hospital at Forest Hills. It is most attractively arranged, freely illustrated, and gives a very satisfactory idea of the equipment of the hospital for surgical work. In addition to the surgeon in charge, there are sixteen consultants, including specialists in Neurology, Gynaecology, Laryngology, Dermatology, Ophthalmology, Pathology, etc. The training school is now in satisfactory running order, a new building having been recently procured for the accommodation of the nurses. One notable feature has been the purchase of a hundred acre farm situated at some distance out of town, where all the fruits, vegetables and similar supplies are raised.

SOCIETY REPORTS

The semi-annual social meeting of the Boston Homœopathic Medical Society was held at the Boston University School of Medicine Thursday evening, June 14. The meeting was called to order at eight o'clock by the President, Dr. David W. Wells.

The records of the last meeting were read and approved.

The following names were proposed for membership: Harry J. Lee, M.D., Alonzo J. Shadman, M.D., R. E. Winslow, M.D.

The following were elected to membership: Alice S. Woodman, M.D., Millie A. Martyn, M.D. and W. K. S. Thomas, M.D.

The Executive Committee recommended the adoption of the following amendments to the Constitution and By-Laws.

The addition of the words "perform the duties of a publication committee" to Section 5 of the Constitution, so that the sentence shall read, "These officers shall constitute an Executive Committee to meet once a month, arrange for the meetings of the Society, perform the duties of a publication committee, and transact such other business as the Society may commit to them."

The addition of the sentence, "All papers read before the Society shall become the property of the Society," to Article IV., Section 8 of the By-Laws.

Voted: That the Executive Committee be authorized, if satisfactory arrangements can be made, to make the New England Medical Gazette the official organ of the Society.

SCIENTIFIC SESSION.

Mr. Frank E. Parlin, Supt. of Schools, Quincy, Mass., gave a most interesting talk on "The Pedagogic Value of Illustration."

A "Demonstration of the Reflectoscope, illustrating Medical Curiosities," by Prof. William H. Watters completed the program.

The Pathological specimens shown by Boston University School of Medicine at the American Medical Association meeting were exhibited in the physiological laboratory.

Refreshments were served in the microscopical laboratory.

BENJAMIN T. LORING, *General Secretary.*

The sixty-sixth session of the Massachusetts Surgical and Gynæcological Society was held June 13, 1906, at the Copley Square Hotel, Boston, with the president, Dr. T. Morris Strong, in the chair.

The following were elected to membership: Dr. Harry J. Lee, Boston; Dr. Charles W. Morse, Salem, and Dr. W. K. S. Thomas, Cambridge.

Dr. John P. Rand was appointed delegate to the American Institute of Homœopathy.

In the Scientific Session, Dr. George F. Allison, chairman of the Bureau of Surgery presented the following program:

1. Demonstration of Orthopedic Cases. Dr. George H. Earl.
2. The New Kræplin Classification in Diagnosis and Treating the Insane." Dr. George S. Adams.
3. "Some Experiences in the Operation for the Cure of Cleft Palate." Dr. George B. Rice.
4. "Some Interesting Kidney Cases." Dr. Nathaniel W. Emerson.
5. "Malignant Disease of the Fundus Uteri, with Pertinent Suggestions." Dr. H. A. Whitmarsh.

Following the discussion of these papers, Dr. W. H. Watters exhibited a few of the choicest pathological specimens which were exhibited at the American Medical Association earlier in the week.

There being no other business the meeting adjourned at six-thirty to give place for the semi-annual dinner which was served at seven.

F. W. COLBURN, M.D., Secretary.

MAINE HOMŒOPATHIC MEDICAL SOCIETY

The fortieth annual session of the Maine Homœopathic Medical Society was held at Bangor, June 12, with a good attendance.

The forenoon was devoted to general business, which included election of officers as follows:

President, Dr. R. J. Wasgatt of Rockland.

Vice-Presidents, Drs. R. S. Graves of Saco and Dr. J. T. Palmer of Portland.

Secretary, Dr. Luther A. Brown of Portland.

Corresponding Secretary, Dr. Carrie E. Newton of Brewer.

Treasurer, Dr. W. S. Thompson of Augusta.

Dr. Cora M. Johnson of Skowhegan, who has filled the position of secretary so efficiently for several years declined re-election.

The Society voted $25 additional to the fund in aid of California physicians, making in all $50 subscribed.

Dr. I. R. Boothby of Bangor was elected to membership.

It was voted to hold the next annual meeting at Augusta.

In the afternoon Dr. W. J. Renwick of Auburn gave an interesting address entitled "Why is the noun 'Physician' not broad enough for any one? What is the reason to-day for an adjective?" He contended that it will be necessary to maintain a separate organization to study the action of drugs and to advocate the law of similars until the old school is willing to fairly investigate the claims made for it.

The following papers were presented:

"A Retrospect in Electrotherapeutics and its Present Status." By Dr. George R. Southwick of Boston.

"Misdirected Energy in the Study of Materia Medica." By Dr. J. M. Prilay of Bangor.

"An Experience with Mercurius Corrisivus." By Dr. W. S. Thompson of Augusta.

"Surgical Diagnosis." By Dr. W. E. Fellows of Bangor.

In the evening the papers presented were:

"A Few Cases of Obscure Ailments among Children." By Dr. Mary F. Cushman of Farmington.

"The Treatment of Rheumatism." By Dr. E. S. Abbott of Bridgton.

"Practical Hints." By Dr. A. I. Harvey of Lewiston.

This paper contained suggestions for the treatment of the various diseases incident to childbirth and elicited a very lively discussion, many taking part therein, among whom were Drs. Renwick, Prilay, Wasgate, Fellows, Thompson, Knowles, Abbott, Horner, Brown, Foss, and others.

Several spoke of the instructive articles recently appearing in the New England Medical Gazette on Puerpural Eclampsia, and one subscriber said that all present should take it and thus avail themselves of the many good things contained therein.

Drs. G. R. Southwick and W. K. Knowles of Boston were present as visitors. Many of the doctors brought their wives, which added to the pleasure of the occasion.

CAMBRIDGE HOMŒOPATHIC MEDICAL SOCIETY.

Monthly meeting held June 11th.

A letter from Paris was read by Dr. Wesselhoeft, which gave a most satisfactory view of the present status of Homœopathy in France.

A general discussion on the value of Compresses, both hot and cold, in cases of acute fevers, as typhoid and pneumonia, was the chief topic of the evening and was entered into by all. The "fresh air" treatment of pneumonia was also discussed. Several points were brought out in the discussion which merit reference:

1. Cases vary much in the treatment best suited them.
2. Don't get carried away with a hobby that blinds the judgment to other useful methods.
3. Remember that patients long to be let alone and relieved of the constant variety of treatments.
4. Too much "treatment" is often fatal.
5. Cold compresses in the early stages of pneumonia are excellent.
6. Fresh air and sunlight are necessary remedies.

BOSTON UNIVERSITY NOTES.

We are glad to learn that Drs. Cooper, Wooldridge, Abbot-Wooldridge and Pierce have formed a Boston University Medical Alumni Association of Western Pennsylvania at Pittsburg. If the University can always be represented by as faithful and efficient graduates in all regions as these in Pittsburg have proven themselves to be, she will occupy a most enviable position in comparison to many other schools.

Such news should give added inspiration to all those who devote so much time and strength toward maintaining and increasing this reputation of the institution.

Commencement week at Boston University proved to be universally interesting and enjoyable. For the Medical School the first event was the annual alumni banquet at Young's Hotel on Monday evening, June the 4th. The members of the graduating class were the guests of the evening, and were met by a larger number of alumni than have been present at any similar event for years. Enthusiasm was noted on all sides. Pride in the Alma Mater and its accomplishments was expressed widely and freely. Of particular interest was the presence of a number of the older graduates heretofore unknown to many of the younger ones, but with whom many pleasant acquaintances were started. All members of the faculty of the Medical School not alumni were made honorary members. This brought to the banquet such well-known men and supporters of homœopathy as Profs. Clapp, Colby and Moore and Drs. Houghton, Blodgett and Paul.

Dr. Collins, '74, of Nashua, acted as toast-master and ably introduced representatives for Law, Hon. H. N. Shepherd, Theology, Rev. W. H. Powell, Medicine, Dr. E. P. Colby, and for the graduating class, Dr. C. R. Bell. Other speeches from Dr. S. H. Calderwood, president of the Association, Dr. W. A. Morrison, '81, of St. Johns, N. B. and Dr. Forbes of Worcester added much to the evening's pleasure. An interesting letter was read from Dr. G. H. Martin of San Francisco who was unable to be present.

On Tuesday evening the regular class day exercises for the students and their friends were held at the school buildings. The address to the graduates was delivered by Prof. H. C. Clapp in a most pleasing vein and in a way that only Dr. Clapp can do. Dr. Louise H. Taylor gave the valedictory, and Dr. C. R. Bell the class prophecy. A long line of members of the faculty received the large crowd present in the microscopical laboratories. Later, refreshments and dancing completed the evening's entertainment.

The entire building was decorated with flags and flowers inside, Chinese lanterns outside, and was very attractive in appearance. The various fraternities had receptions and "spreads" in lecture and society rooms, handsomely embellished for the occasion, during the early part of the evening.

There are twenty-three graduates in the class of 1906. Ten of these have received hospital appointments.

The two graduates who received the highest rank in the forty-three courses for the four years were women. The averages of each being a fraction over 92 per cent.

Wednesday is always the day to which the senior class looks with the greatest eagerness, as the real object of the entire four years' work is then attained.

Hon. S. W. McCall delivered an excellent address to an audience of several thousand persons that filled the entire Tremont Temple. Two hundred and seventy-seven degrees were then given by President Huntington, twenty-three being to the graduating class from the Medical School. In addition, two degrees of Ch.B. were awarded for special excellence in surgical work.

Wednesday afternoon at the University Alumni Convocation, Prof. W. H. Watters represented the medical alumni, and in addition to giving an optimistic report of the work done at the school, urged the establishment of a seven years' course for the combined degrees of A.B. and M.D.

The presence on the platform of a large number of the faculty in full academic dress gave to the commencement exercises an added dignity.

President and Mrs. Huntington are certainly making their influence felt with the medical profession. Their presence at the class day exercises on Concord St., was much appreciated, as have been all their courtesies during the past year.

In answer to many questions concerning the side of the cap on which the tassel should be worn, which caused considerable comment at the commencement,—a candidate for an academic degree wears it on the right side of the cap, but after he has received his parchment it is transferred to the left.

At the May meeting of the governing faculty, Dr. J. H. Moore was promoted from associate professor to professor of Diseases of Children. At the same meeting Dr. W. F. Wesselhoeft was promoted to associate professor of surgery and Dr. H. L. Shepherd to associate professor of materia medica.

Allen H. Rowe, Ph.D., (Leipsic) was appointed lecturer in Chemistry, and B. T. Loring, M.D., demonstrator in clinical microscopy and bacteriology.

The collection of pathological specimens which the Medical School exhibited at the recent meeting of the American Medical Association has been installed in the microscopical laboratory at the school building on East Concord Street. Here it will be open for inspection to members of the profession and to the public, under suitable provisions, until about the 1st of August.

Much of the credit that came to the exhibit of the Medical School at the recent session of the American Medical Association is due to Mr. C. A. Eaton, Assistant in the pathological laboratory, who, by his help in the preparation of the specimens and by his constant attendance during the week of the meetings, added much to the value and interest of the collection.

BOOK REVIEWS

Medical, literary and scientific publications will be reviewed in this department. Books and journals should be marked NEW ENGLAND MEDICAL GAZETTE, and sent to 8o E. Concord St., Boston.

The Eclectic Practice of Medicine. By Rolla L. Thomas, M.D., Professor of the Principles and Practice of Medicine in the Eclectic Medical Institute, Cincinnati, Ohio; Ex-President of the National Eclectic Medical Association; Consulting Physician to the Seton Hospital. Illustrated with 2 lithographs in colors, 6 color prints, and 57 figures in black. 8vo. 1033 pages. Price, cloth, $6.00; sheep, $7.00. The Scudder Bros. Company, Cincinnati, 1906.

Dr. Thomas has given to the eclectic branch of the medical profession a well-prepared and well-arranged guide that may well be followed by members of that faith. Included within about one thousand pages are the various subjects usually considered in books on Practice, together with a final chapter upon Indications for remedies. The various diseases are clearly described as to history, etiology, pathology, symptoms, diagnosis, and treatment. Under the last heading will be found many drugs whose names are familiar to homœopaths, and to whom the uses here given will, in many cases, prove familiar.

In a work appearing so recently one expects to find some reference to the spirochæta of syphilis, to Mallory's cyclaster of scarlet fever, or to the organism found by Councilman to be associated with small-pox. Also, in view of the large amount of work lately done to study and to control the spread of yellow fever, it is surprising to hear of the Sanarelli or Sternburg bacillus as a probable cause of that disease. Minor criticisms of almost any book can be found, and while some statements might have been made a little more satisfactorily, yet the book, considered as a whole, should be of much value to every eclectic physician. And to those of other faiths, its perusal will bring much benefit. Several illustrations add to the value of the subjects under treatment.

Whooping Cough Cured with Pertussin. By John Henry Clarke M.D. London: James Epps & Co. 1906.

This is a little brochure of seventy-six pages written in the easy, positive style characteristic of its author. Dr. Clarke is well known as editor of the Homœopathic World and the author of The Dictionary of Practical Materia Medica. What he writes is interesting reading and this little monograph is no exception to the rule. It is rather popular in style and is written as much for the enlightenment of the public as it is for the profession. In his preface, Dr. Clarke urges his "homœopathic confréres to cultivate assiduously this new field, the use of nosodes and not leave it to the so-called 'orthodox' practitioners to exploit in their own barbarous fashion; or still worse to adopt their methods of barbarism in place of the scientific and enlightened method of Hahnemann." Here the author is perhaps a bit harsh in his criticism of his "orthodox" colleagues. In Chapter One he tells what a nosode is and how pertussin is prepared. In Chapter Two, the essential part of the book, he gives with some detail records of seven cases of cough treated in the main with pertussin in the thirtieth. The concluding chapter presents certain lessons from the cases and observations on the use of nosodes in general. Whether or not nosodes are homœopathic to the disease from which they are obtained is an old question but one which Dr. Clarke decides in the affirmative. Probably more evidence than is here presented will be necessary to definitely answer the question however. But whether or not, the book is interesting and the reading of it is sure to set one thinking which is saying much for any book.

A Manual of Materia Medica, Therapeutics and Pharmacology. With Clinical Index. By A. L. Blackwood M.D., Professor of Materia Medica and Clinical Medicine in the Hahnemann Medical College, Chicago. 592 pages. Flexible leather, gilt edges, round corners, $3 50. Postage, 6 cents. Philadelphia. Boericke & Tafel. 1906.

This is a veritable handbook; beautifully gotten up; less than seven-eighths of an inch thick, binding and all; the pages being about 4x6 inches. The greater part of the book (nearly 475 pages) is devoted to the consideration of between 500 and 600 drugs. A clinical index of about 50 pages follows. About 30 pages are devoted to The Management of Cases of Poisoning; an exceedingly useful section. The drugs or remedies which are considered are arranged alphabetically. To each a few lines on the description, preparations and dosage are given. Then is found a usually short paragraph on the Physiological Action. The "Therapeutics" follows, and to this division of the subject the bulk of the book is devoted. The therapeutic indications, while presumably based upon a knowledge of drug pathogenesy and the law of similars seem to be chiefly empirical. By way of illustration the following quotation taken at random is made from baryta carb.:

"This remedy is indicated for those at the extremes of life. Children who are stunted and dwarfed; they suffer from quinsy, take cold easily. Dwarfish, hysterical women, and old men who suffer from hypertrophied prostates and indurated testicles.

It is of service in quinsy when the parenchyma of the tonsils is the part involved. The patient takes cold easily and as a result the tonsil becomes inflamed and shows a tendency to suppurate. There is inability to swallow anything but liquids.

It is useful in enlargement, with a tendency to suppuration of the cervical and inguinal glands; also in bromidrosis, when the toes and soles of the feet are sore.

It often affords relief in the apoplectic tendency of the aged and in the headaches of aged people who are childish.

In marasmus it affords relief when the child is greatly emaciated; the abdomen is prominent, the appetite is good, but the child becomes thinner and does not develop mentally."

This illustration, which is representative, suggests the idea that "Therapeutic Hints" would have made an appropriate title for the book. And one is also tempted to ask why not substitute "Pathogenetic Action" for the term "Physiological Action?" Why should homœopathists adopt the inaccurate terminology of the old school in regard to drug action? For example under Iodoformum, taken at random, one reads: "Physiological Action.—This agent produces lassitude, nausea, vomiting, headaches, insomnia and rapid pulse. The temperature is elevated; there is an eruption upon the skin; the liver and kidneys show fatty degeneration." Surely one need not seek further for argument in favor of the proposed substitution. This manual of Dr. Blackwood's, however, is destined to become popular, for it is rich in therapeutic hints, and that is what the medical practitioner is constantly seeking.

Practical Observations Upon the Chemistry of Food and Dietetics. By J. B. S. King, M.D., Professor of Chemistry in Hering Medical College. Blakely Printing Co. 1906.

Dr. King in his introduction to this little book says very truly "many physicians have their ideas of diet based purely on prejudice. What happens to agree with them personally, they recommend to their patients and what disagrees with their particular organisms they strongly forbid." He thinks, and with perhaps good reason that "there is probably no subject connected with the care of patients that doctors are so perplexed by as diet." Therefore his object in his book is to discuss the general

principles of nutrition the chemical constituents of food the chemistry of special foods and the diet for special conditions. The book is elementary in character but contains very many facts and ideas that will prove of value to the practitioner of medicine and may stimulate him to give further and deeper thought to this all important topic. In the section on "Diet for Special Conditions" the author gives quite numerous hygienic as well as dietetic suggestions. Occasionally the author goes into pathology which does not seem to be his strong point. For instance in referring to the diet for old age, he says: "The debris-clogged filter is like the stiff inflexible tissues of old age obstructed with the insoluble residues of food that have been poured into the body for years. When we consider the great quantities of tough, fibrous and indigestible material. . . that enter the mouth during the lifetime of an individual it is no wonder that those delicate organic pipes and tubes of which the human body is composed become clogged or that the fibres grow stiff and brittle." No book on food could be written in these days without referring to Mr. Horace Fletcher whom the author considers the "Columbus who first pointed out that exceptional health and vigor could be maintained upon about one-half the amount recommended in the accepted dietaries."

The book is of the *multum in parvo* order because its few pages contain such a mass of valuable suggestion.

PERSONAL AND GENERAL ITEMS

Dr. H. E. Northrup has recently been elected to the position of Dean in the Hahnemann Medical College of Philadelphia.

Dr. Everett Jones and family will occupy for the summer the Langmaid cottage on Atlantic Avenue, Clifton. Dr. Jones' office hours in Brookline will be from 1 to 3 P.M.

Dr. R. B. Leach of St. Paul, Minn., is the new president of the Minnesota Homœopathic Medical Society. The doctor will be remembered as one who introduced the Arsenization method as a preventative against yellow fever in the recent epidemic in New Orleans.

The International Hahnemann Association has reconsidered its decision to meet in June at Cleveland, Ohio, and by postal card vote decides to meet in Atlantic City at the same time as the American Institute and the International Homœopathic Congress.

Dr. J. H. McClelland has been suddenly called to Europe upon professional business. The trip will be very hurried, as the doctor will be in New York early in July to preside at the committee meeting where the final arrangements for the International Homœopathic Congress will be made.

P. Blakiston's Son & Co., the well-known book publishers, have recently issued a very attractive pamphlet, freely illustrated, in which their latest books are described and noted. Familiar names and faces of physicians famous throughout the entire world indicate that this firm is continuing to produce the works of authorities in their various lines of investigation.

Dr. Wm. Francis Honan, editor of the Journal of Surgery, Gynecology, and Obstetrics, will spend July and August at the Mathewson, Narragansett Pier, R. I.

Geneva Convention. Considerable agitation is now in progress having as its aim the renewal of an attempt to arrange for another Geneva convention. This convention in 1864 began its work by endeavoring to succor in every way possible the common soldier in time of war. A second meeting in 1868 laid down more exact rules to be followed by the signatory powers. Since that time, however, so many changes in the methods of warfare have occurred that new regulations are much needed to meet the altered conditions.

Two invitations have already been issued by Switzerland, without effect, probably largely due to the Russo-Japanese war. It is hoped that a third will be more successful and will result in much needed changes. Among these will be some action concerning hospital and supply ships in connection with naval warfare.

A second suggestion has been made that adequate provision be made for the identification of the dead both before and after burial. Measures should also be taken to prevent maltreatment and robbery of the wounded.

Dr. W. K. Bouton of Melbourne, Australia, now on his way to this country after an absence of many years, writes to Dr. Sutherland that he has been detained in China because people are crowding back to San Francisco so fast that every ship is fully berthed for weeks to come. Dr. Bouton writes that he has visited Hongkong, Canton, Macoa, Cowloon and Shanghai, together with the walled native city. He writes of the latter that it is "the dirtiest, filthiest city" he was ever in, and that it must be visited on foot as no conveyance is allowed within the walls. Of Hongkong he writes that it is built up the cliff, terrace on terrace and a most remarkable city in formation. Writing of Manila he mentions the "wonders the Americans have done with the city and harbor" but states that there is great need of capital to develop the country. Dr. Bouton expects to arrive in time for the International Congress at Atlantic City and to do some post graduate work in surgery, of which he makes a specialty. At the time of his writing he was on the way from China to Japan.

Dr. W. B. Coley, in the "Archives of Physiological Therapy," gives quite in detail the final results of X-ray treatment of sarcoma. During the past three and one-half years sixty-eight such cases that have been under his observation have been treated by the X-ray. In seventeen the head and face were the seat of the disease; thirteen, neck and shoulder; ten, lower extremities, and the rest in other parts of the body. Six of these sixty-eight cases showed complete disappearance of the tumor, but in each case it reappeared within a few months of its disappearance. Two of these were subsequently treated by the mixed toxines of erysipelas and bacillus prodigiosus in addition to the X-ray treatment, with final recovery. It seems, therefore, safe to conclude that the X-ray used without other measures in the various forms of sarcoma as it appears upon different parts of the body is without satisfactory results.

The United States Civil Service Commission, through the boards of local examiners located in the various larger cities, will hold examinations for government positions July 5–6. There are two vacancies for Medical Internes at the Government Hospital for the Insane at Washington D. C., compensation $600 per month with maintenance; several vacancies for hospital interne (male) on the Isthmus of Panama; salary $100 per month and quarters. Applicants may apply to the United States Civil Service Commission at Washington or to the secretary of local boards for further information.

The twentieth century homœopathic physician recognizes several facts which were overlooked or ignored by his professional ancestors. In the first place, he does not have too much faith in drugs, but is considerate enough to give Mother Nature her share of the credit. Again, he is broad-minded enough to appreciate and to utilize whatever has been proven of actual value in the treatment of disease, regardless of its source. He is willing to admit that there are more things in the therapeutic heaven and earth than were dreamed of in Samuel Hahnemann's philosophy. He realizes that the world has continued to move, even since that good old man died. True, the law of similars is still his therapeutic mainstay, for he has proven its value at the bedside, and he proposes to hold fast to that which he knows to be right; but this does not prevent his acknowledging that other methods of reasoning are of occasional value, nor stand in the way of his employing these other methods whenever the necessity arises. In other words, the twentieth century homœopathist is in a receptive frame of mind. He is willing to adopt whatever stands the test. (*Dale—Clinique*, 1906.)

Laboratory Supplies and Where to Get Them.—The use of the microscope has become so essential to a careful diagnosis that the question of supplies for bacteriological investigation and experiment is an important one to the modern physician.

This need is so comparatively recent with many physicians that they are not as familiar with the best methods of procuring this class of supplies as in the case of almost any other essential of their office outfit.

Dr. Charles B. Barkley, of Baltimore, is prepared to look after the physician's needs in this special line of material. Full information as to supplies incident to microscopic work can be secured from him at any time.

In addition to the mounted slides and other accessories to the microscope, Dr. Barkley makes a specialty of pathogenic and non-pathogenic micro-organisms which are put up in a form to ensure reliability and regarding which he has received many testimonials from well-satisfied customers. Another specialty supplied by Dr. Barkley to issue, which is furnished for classwork or for individual physicians. Dr. Barkley procures much of his material from the Johns Hopkins laboratories.

AMERICAN MEDICAL ASSOCIATION NOTES.

The recent meeting in Boston was the largest ever held in the history of the association, about 4,800 members registering.

Boston has again proven herself to be the hospitable hostess that many preceding conventions have found her to be.

Admittance only to be obtained by badge was a rule widely circulated and carefully observed. This may have been very necessary, but seemed somewhat unjust in some instances. Even the presentation of a professional card by a physician proved an ineffectual means of admission. In at least one case a member could not obtain a guest's badge for an intimate friend merely because that friend was a graduate of a homœopathic school. There were several instances where homœopaths obtained guest's badges only by registering as laymen, their degrees being erased.

If we judge from the Journal of the A.M.A., everything was most harmonious. Other journals, the "independent" ones, tell a different story.

The writer attended one section meeting, and during an address by a physician of world-wide reputation counted just fourteen auditors. Many meetings, however, were excellently attended, particularly on those days when the weather was inclement and excursions unpleasant.

One of the most popular features were the afternoon teas served on three days in the court of the new Harvard Medical buildings. The sight of thousands of ladies and gentlemen, with the brilliant colors of the waitresses was a sight long to be remembered.

Clinical exhibits in the Mechanics Hall demonstrating technique in various laboratory investigations proved of interest to large numbers.

Drs. Harrington and McGrath prepared an instructive exhibit of public health and sanitary affairs, as did Dr. Whitney with his large historic collection of surgical instruments.

The largest number of exhibits were found in the "scientific exhibit" located in the Anatomical building.

Possibly this will be of more interest to our readers, as here was the only thing in the entire meeting with which homœopaths had anything to do. Here, occupying an entire room over the door of which hung the signs "Boston University School of Medicine" and "Massachusetts Homœopathic Hospital," was the largest collection of pathological specimens exhibited by any of the medical schools of the country.

More than six hundred different preparations were on exhibition, illustrative of a large number of diseased conditions. Visitors by the hundred examined the specimens, and the comments concerning the methods of preparation and preservation were most gratifying.

It is interesting to note that the method of preparing specimens for preservation as originated at Boston University School of Medicine has been adopted by Harvard, Tufts, Jefferson, Johns Hopkins, McGill and many other leading institutions. In fact, the entire pathologic exhibits of the first two and the majority of the third college were prepared according to this same gelatin method.

The attention of readers of the GAZETTE is called to the fact, that with one exception, every number this year has contained from four to twelve extra pages (the July issue will contain eight). The whole would be sufficient to make an entire extra number. The smaller type used for a portion of the pages has allowed enough additional material to be printed to make another number, so we have furnished our readers with the equivalent of two extra numbers without increased cost to them.

The staff of the GAZETTE is striving to make this journal well worthy of the support of the Homœopathic profession of New England and elsewhere; many have expressed their appreciation of our efforts for its constant improvement, and we trust that all our readers will kindly commend it to non-subscribers whenever opportunity offers.—Business Manager.

There is a good opportunity for some doctor to rent the office of the late Dr. Henry R. Brown of Leominster. Apply to Mrs. H. R. Brown, 51 Pearl Street, Leominster, Mass.

FOR SALE—$4000 practice for sale in one of California's delightful valleys. Collections, 95%. No opposition. Reason for selling, wish to devote year to post-graduate study and practice a specialty. Full information by writing M. S. Kelliher, M.D., Lompoc, Calif.

THE NEW ENGLAND MEDICAL GAZETTE

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ORIGINAL COMMUNICATIONS

WHAT IS HOMŒOPATHY?

Editor NEW ENGLAND MEDICAL GAZETTE:

My dear Sir:

Great hinderances, perhaps the greatest three, to acceptance of homœopathy by a larger part of the profession, are:

1st. Its supposed improbability.

2nd. A failure to understand what is meant by the universality of the law of similars.

3rd. A failure to see that one may with perfect consistency accept homœopathy without in the least modifying his enthusiastic interest in the rest of medicine.

The following is offered as bearing upon these three points.

I think of homœopathy as a principle coextensive with the created universe—the principle that what is evil, false or faulty in one's environment may be used as a means to correction, *from within*, of the like in himself. The principle as evidenced outside the world of disease and drugs is not generally called homœopathy, but it seems precisely the same principle as that for which we homœopathists are contending in medicine. Here is a man whose passion for drink would surely wreck him, had not the downfall and wretched end of his father or brother led him to *from within* master himself—keep within bounds; a similar presented from without has led to correction *from within*. The publicity given the grafter's disgrace fails of its best possible use, if it does not lead others to shun graft and its like. One sees a man unkind in his home, to wife or children, and is thus led to pass upon his own conduct, and to *from within* mitigate, if not entirely give up, certain of his inconsiderate ways. From the time one becomes in any degree responsible for his thoughts, feelings and conduct, he is ever and again subject to the influence of that in his environment which is similar to his own faults of thought, will or deed; and the very best use he can make of these similars is as correctives of his own faults. These similars do not force upon him any correction—not at all: they

simply instruct him as to what, and of what nature, his faults are, and appeal to him to, in freedom, correct them *from within.* Now this correction *in freedom* and *from within* is the very best kind of correction that can possibly be. Correction that is effected by force applied from without—by external restraint of any kind, be it physical or mental, is never radical in the same way as is correction effected *in freedom* and *from within;* though, of course, external force and restraint are at times necessary. The fact is that an external picturing of one's fault is essential to radical reformation from it—reformation *from within.* The fault may be not radical, and may not call for this radical reformation—reformation *from within:* it may be some superficial aberration which will right itself when the environment is purified; but if the fault is radical, there can be no radical reformation—reformation *from within,* without a picturing of the fault *from without.* The picture may be afforded by those whom we observe in real life, or it may be artificial, produced by the writer, the actor, the painter, the cartoonist, the satirist, the exhorter, the disciplinarian, the reformer, the parent, the teacher, the preacher. When one thinks of the multitudes who, between a man's birth and his death, picture to him either unintentionally or else intentionally, in visible forms, or in words written or spoken, his faults, and when he realizes that each and every such picture affords an opportunity for correction *from within;* when he realizes further that but for some kind of picturing *from without* no fault could ever be corrected *from within,* he may appreciate as never before the scope of homœopathy, and how vast the debt he and everyone owes it.

Perhaps the most important lesson from this view of the matter is the naturalness of homœopathy. Many who have accepted homœopathy in medicine, and practised it for years, have lived and died in the belief that it was queer, unlike anything outside of medicine. Many others, we cannot doubt, have been deterred from seriously considering homœopathy by what appeared to them the extreme improbability of there being anything curative in a similar. The view above presented shows that, so far from there being anything strange about the proposition that in medicine a similar may prove curative, the proposition harmonizes with what, outside of medicine, is perfectly familiar to each of us from his first consciousness of a fault to his last effort (if last there be) to overcome his faults.

Another lesson from this view is that one's acceptance of homœopathy does not in the least preclude an acceptance of all else that is good in medicine, just as in the realm of thought and feeling acceptance of the principle of homœopathy as above set forth does not at all preclude acceptance of any or all other principles for the cultivation of heart and mind. That the

homœopathist identifies himself by name with homœopathy, is because upon the principle of similars is effected, he believes, a cure transcending the possibilities of practice upon any other principle: this at least, is one reason why I identify myself by name with the law of similars.

Still another lesson from this view is especially for those who have supposed that, to be universal, homœopathy would have to be the all of medicine—that if there is in medicine any other law than that of similars, then the law of similars is not universal. There are in medicine many principles beside that of similars—principles entirely aside from it: they no more conflict with it than do other principles conflict with that of similars in the world of thought and feeling. The universality of the law of similars lies in the fact that the law obtains throughout the universe—that it is evidenced in the world of thought and feeling no less than, as we homœopathists believe, in the world of flesh, blood and drugs.

Chas. S. Mack, M.D.

LaPorte, Indiana.

CARDIAC IONS.

BY P. W. SHEDD, M.D., NEW YORK.

Modern physiology considers the heart as an autonomic organ, whose mechanism is governed or held in correlation with the rest of the organism by the inhibitory vagus fibres and the accelerator fibres from the sympathetic system, the development of cardiac force, however, being autonomic. The genesis of this force has been considered from the view-points of two theories:

(*a*) The neurogenic,

(*b*) The myogenic.

The neurogenic theory attributes cardiac activity to periodic neural excitations from the histologically demonstrated intrinsic ganglia and fibres; the myogenic, to a fundamental and peculiar property of automatic rhythmicity belonging to cardiac muscles. The myogenic theory is more widely adopted.

When a chemical compound in watery solution is disassociated by current electricity, the process is termed electrolysis, and the disassociated atoms are called ions. Thus Na Cl is broken up into sodium ions and chlorine ions. The ion is therefore a disassociated atom. In Na Cl the disassociated sodium atom goes to the negative pole and is hence termed a kation; the chlorine atom seeks the positive pole and is therefore

an anion. When Na and Cl recombine or when they combine with foreign ions electricity is generated; by a conversion of energy, usually apparent as heat — *e. g.* in chemical reaction.

The atom or ion (when disassociated from the molecule) is, according to modern electrology, composed of a mass of positive electricity, a lump or sphere within whose bounds and held therein by its positivity, negative electrons similar in shape, ultra-infinitesimal in size and incomprehensible in number (a thousand million million filling the space occupied by a hydrogen ion or atom) are forever in motion, mutually repellent, bombarding the positive limits, and occasionally, in radio-active substances, flying off into space.

The modern electrologic view of matter is that it is composed of positive spheres of influence within which solar systems of negative electrons move and have their being.

In the association and disassociation of ions there is possibly a nascent release of electron energy of biochemic, biologic and physiologic interest.

If the heart of a frog be removed from the body it will beat for a long time if properly supplied with a solution of the chlorides of sodium potassium and calcium (known as Ringer's mixture) whose effectiveness is increased by a trace of $NaH\ Co^3$. The usual proportion of these inorgainc salts is:

Na Cl	0.7%
K Cl	0.03%
$Ca\ Cl^2$	0.025%
$NaH\ Co^3$	0.003

For the mammalian heart Locke's proportions are used:

Na Cl	0.9%
K Cl	0.042
$Ca\ Cl^3$	0.024
$NaH\ Co^2$	0.01 to 0.03
Glucose	0.1

This solution fed to the heart under an atmosphere of oxygen, has kept it beating for hours.

The ions of these salts then have a specific influence upon cardiac action (and hence nutrition) and experiment has shown that each ion has an individual sphere of action and that it must be present in normal proportions. According to Howell: (1) The sodium ions have a specific influence upon the state of the heart tissues. Contractility and irritability disappear when they are absent; when present alone in physiologic concentration in the medium bathing the heart muscles they produce relaxation of the muscle tissue. (2) The calcium ions are present in relatively very small quantities in the blood, but they also are absolutely essential to contractility

and irritability. When the calcium ions are absent, though the blood be otherwise normal, the heart ceases to beat; normal contraction starting again promptly on adding calcium chlorid in right amount to the medium. When present in quantities above normal or when in a proportional excess over the sodium or potassium ions they cause a condition of tonic contraction that has been designated as calcium rigor. (3) The potassium ions are present also in very small quantities and, unlike the Ca and Na ions, their presence does not appear. to be absolutely necessary to rhythmical cardiac activity. Potassium seems to promote relaxation of muscle and in physiologic doses it exercises through this effect a regulating influence upon the rate of beat. When the proportion of potassium ions is increased the rate is slowed and finally contractions cease, the heart coming to rest in a state of extreme relaxation, known sometimes as potassium inhibition. (4) It then appears that there is a well-marked antagonism between calcium on the one hand and potassium and sodium on the other. The calcium promotes a state of contraction, the sodium and potassium a state of relaxation. It is conceivable, therefore, that the alternate states of contraction and relaxation which characterize the rhythmical action of heart muscle are connected with an interaction of an alternating kind between these ions and the living contractile substance of the heart.

It will thus be seen that a saline solution used intravenously for resuscitative purposes which does not contain the proper proportion of calcium ions is deficient in a most essential property, *viz.*, that of exciting or promoting cardiac muscle contractility.

Biochemically, and using the homœopathic triturations, (6x–12x) which correspond to the inorganic constituents of the body, it would seem feasible to construct a true cardiac "tonic" or "food". Thus taking Locke's solution we should have:

Natrum muriaticum (6x–12x) 900 parts.
Kali muriaticum (6x–12x) 42 parts.
Calcarea muriatica (6x–12x) 24 parts.
Natrum bicarbonicum (6x–12x) 10–30 parts.
Glucose (6x–12x) 100 parts.

indicated in a general cardiac debility.

Arriving now at the homœopathic pathogeneses (in so far as proved upon the healthy organism) of the sodium, potassium and calcium salts, we observe cardiac symptoms as follows.

Natrum muriaticum.

Anxious and violent palpitation at every movement of the body, but chiefly when lying on the left side. After eating

breath impeded, with violent palpitation. Jerking and shooting pain in cardiac region. Fluttering motion of the heart. Irregular and intermittent palpitation. Jerking movement of the heart. Enlargement of the heart.

KALI MURIATICUM.

Palpitation from excessive flow of blood to the heart in hypertrophic condition. (An unproved salt: biochemic clinical indication. The relaxing, depressant effect of all potash salts is well known to the homœopath.)

CALCAREA MURIATICA.

Not proved. The cardiac symptoms of the proved calcium salts are, however, instructive.

Calcarea acetica and carbonica. Palpitation, also at night or after a meal, sometimes with anxiety and trembling movements of the heart. Shootings, pressure and contraction in the heart region. Pricking shootings in the thoracic muscles.

Calcarea arsenicosa. Pains in the heart region, burning and shooting, extending to arm and legs. Constriction of the heart. Palpitation; with suffocation; synchronous with headache. Palpitation and heart pains preceding epileptic attack.

Calcarea hypophosphorica. Following headache, great fulness and oppression round heart; fulness throughout whole thorax and head, veins of hands, arms, neck and head standing out like whipcords; no flushing or perceptible increase in pulse; dyspnea, must have windows open; profuse sweat; complete loss of power.

Calcarea phosphorica. Sharp, cutting pain in heart region, interrupting breathing. Dropsy from cardiac disease.

In these pathogeneses may be noted the general relaxation of the sodium and potassium ions, the general contractive powers of the calcium element.

Concentrating upon the sodium salt as the only one of the three (Na Cl, K Cl, Ca Cl^2) thoroughly proved, we may endeavor to reason out the action of the sodium ions present in the homœopathically indicated remedy of a normal potency, the 30th, (.S Hahnemann) not alone cardiacally but as generally indicated by the obtainable totality of symptoms. That there must be a physiologic action of these ions is incontrovertible and this action falls into one of three rubrics:

1. Stimulant (in excitant *or* depressant sense).
2. Tissue or cell food (supplying missing elements in protoplasm or nucleus).
3. Catalytic (as inorganic (ionic) enzymes).

According to the physiologist (Howell) contractility and irritability disappear in cardiac muscle when the sodium ions

are left out of the physiologic solution, or relaxation is the result; when present alone in the physiologic concentration they also produce relaxation, but here a physiologic relaxation, which, when antagonized by the contractile calcium ion produces a true cardiac beat. To add sodium ions then where either pathologic or physiologic relaxation is present is irrational — on the stimulant basis. Precisely the same argument holds on the tissue or cell food basis.

Furthermore, the number of sodium ions in the 30th potency of natrum muriaticum would have but a transitory stimulant effect, and certainly a much more transitory period of action as cell-food when we consider the innumerable cardiac muscle cells, the instant and continued metabolism, and the vast (comparative) volume of blood (4965cc. in the adult) whence is derived the cardiac nutrition.

But one rubric is left to explain the action of a single dose of the 30th (or 200th) potency of natrum muriaticum, action historically verified in the clinical experience of a century and estimated by Hahnemann to extend from 40 to 60 days, namely: catalysis.

Quoting again from the physiologist we note: A most interesting feature of the activity of enzymes (or catalyzers) is that it is specific. Each ferment is adapted to act upon or become attached to a molecule with a certain definite structure — fitted to it, in fact, as a key to its lock. Attention has been called to the fact that this adaptability of enzymes to certain specific structures in the molecules acted upon resembles closely the specific activity of the toxins, and many useful and suggestive comparisons may be drawn between the mode of action of enzymes and toxins. At present the tendency is to attribute each new kind of activity to a different enzyme and, as a consequence the number of different enzymes supposed to exist in the body is increasing rapidly with the spread of experimental work.

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The catalytic action of a dose of the 30th or 200th appears to be indubitable. No other hypothesis seems tenable. The "dynamis," the "spirit-like force" develops in modern terminology, as enzymic.

Drug-pathogeny or proving disarranges molecular organization, and hence function, until a certain specific imbalance of various or all cells and organs is obtained, which we term a drug-disease or proving; more or less evanescent on discontinuing the supply of the disturbing element. From this we gain the specific, enzymic or catalytic, ionic key which when fitted to the lock of a natural morbidity opens by its catalytic action upon the suspended normal activities, evolutions, and metabolisms of the organism, the door of healing.

Thus we behold at the dawning of the twentieth century the fair daughters of Science unfolding their apocalyptic scrolls at the feet of Hahnemann, whose meditative mind

Could find no law to guide; no light to cheer.
The universe was law; the stars that fell
From heaven shot through space obeying law;
The shimmering snows that crowned the mountain top
And fed the bubbling springs which cooled the vale,
Thence hast'ning to the wild impetuous sea;
The clouds, the flow'rs, the seasons, e'en the mind
Of man adept in subtlety, ... all these
Bound fast by law to run appointed course,
Yet here no law! . . . . dull hearsay, duller chance,
Tradition's babbling words, all meaningless;
Empiric farce to meet the solemn hour
When life and death are poised upon the scales.
Great God, give light! he cried,
And searched again the learning of the age
To find surcease of sorrow. None was there.
Yet still he sought, and moaned: 'Tis blasphemous
To think that He who wrought man to His form,
Tracing the subtile windings of his soul,
Crowning the wondrous body with a mind;
Who cares for e'en the insect in the dust;
Who heeds the sparrow's fall should love man less;
Should thus abandon him whose soul he freed,
To undeserved tortures of the flesh.
Nay, there is God, and God and Law are one.
And then he fled the sophistries of schools,
Their vain traditions and their cruel arts;
And with a grand simplicity sought facts,
Not theories, impalpable and vain.
He gathered up the herbs and made of each
A purest tincture; brought the sea-shell's heart
In clear solution; took the drifting sand,
Shattered its crystal bounds and drew therefrom
A magic strength; from earth's deep mines conveyed
Its healing oils, and bruised the gleaming ores
To potent dust.
Then on the altar-stone
Of sacrifice he lay him down, and said:
Not on the sick shall these be tried. Nay, I
Will one by one prove these, and if there dwell
A virtue in them it shall then be shown;
And if there be a Law the sun of truth
Shall glint it for me with refulgent ray.
And through laborious days and grievous nights

He garnered in the harvest, the great Law
Of Similars, whereby most dread disease,
Fought with swift weapons of as keen a steel,
Is made to cringe and supplicate and fly.

Thus with pure science, sinking to the depths
And rising to the stars, he built the fane
Which stands today unshaken, permanent,
So true the fabric that the storms of time
But fix its firm foundations, and the years
With subtile touch add beauty unto strength.

A METHOD OF CONTROLLING THE BLEEDING AFTER SUPRAPUBIC PROSTATECTOMY.

BY J. EMMONS BRIGGS, M.D., BOSTON, MASS.

Having been interested for some years in the advancement which has been made in the surgical treatment of hypertrophied prostate, I have watched with keen interest the Botinni operation, from its early days, to the time when it passed into decadence. It always presented itself to me as a hazardous procedure, of doubtful utility. Satisfactory results were frequently obtained; amelioration often occurred; poor drainage and sepsis followed the cautery incision, and indefiniteness marked the procedure from beginning to end.

The perineal prostatectomy developed with its precise technique and comparatively low death rate in selected cases. This is a procedure far superior, in the writer's opinion, to the Botinni, yet open to a few serious objections. Among them may be mentioned:

1. The time necessary for its performance.

Some operators claim that it requires only fifteen minutes for its performance, but in the hands of the average surgeon three-quarters of an hour would be excellent time. This necessitates keeping the patient under complete narcosis over an hour; not a long time for a tolerant patient, but for an old man with kidney, lung or heart complications this in itself is no insignificant factor.

2. Danger of wounding the rectum.

This may not occur very frequently in the hands of an expert operator, but I venture to say that few surgeons who have done any number have escaped this accident. If the rectal wound is immediately sutured it may close, but too frequently a recto-perineal fistula follows, and in a case which has recently come under my observation an urethro-recto-perineal fistula has persisted for the past three years.

3. Loss of sphincter control.

If the whole prostate is enucleated through a perineal incision it is quite possible that complete or partial incontinence may result.

This has been obviated by limiting the operation to a partial extirpation of the prostate, which is now the operation of choice.

It is not my purpose to decry perineal prostatectomy. In fact it has certain very decided advantages over the supra-pubic method, chief of which may be mentioned dependent drainage and shorter confinement in bed.

To Fuller of New York and Freyer of London belong the credit of the supra-pubic operation, an operation which may be undertaken when perineal prostatectomy is out of the question. I refer especially to lung, kidney and circulatory conditions which would render prolonged narcosis hazardous. The supra-pubic operation may be performed under nitrous oxide anæsthesia in an incredibly short time.

The supra-pubic incision is made with the bladder distended, the entire prostate is enucleated with the tip of the index finger (the index finger of the other hand is inserted into the rectum and presses the prostate upward), and the time necessary for the enucleation will not average over five or six minutes. In a case which I operated upon recently just two minutes time sufficed for the enucleation. If the line of cleavage between the sheath and capsule is carefully followed there ought to be only very slight bleeding. It sometimes happens that this line of cleavage is departed from, or that inflammatory changes have occurred which render the parts abnormally vascular.

Should troublesome bleeding occur it can usually be checked by hot water irrigation. Should the bleeding be alarming it has proven difficult to pack the wound in a satisfactory manner. My experience has led me to give this matter some consideration and the Davidson Rubber Company, following my suggestions, have made for me rubber bags in three sizes, which I have used with gratifying success. In fact, of late I am using one in every case, as it stops all bleeding and thus avoids the annoyance caused by blood clots in the bladder.

The instruments as constructed consist of rubber tubes twelve inches in length, which terminate in a rubber bag varying in size from one to one and one half inches in diameter, slightly oval in shape. These bags are made in three sizes to be selected with reference to the size of the prostate removed. They are elastic and capable of considerable distention. (See Plate I.)

In order to insert the bag a flexible olive pointed bougie is introduced along the urethra into the bladder, the point of the bougie is allowed to protrude through the supra-pubic incision. The open end of the tube which is attached to the bag is pushed

over the end of the bougie for about one half inch and a piece of silk is tied tightly about it. This temporarily attaches it firmly to the bougie. The bougie is then withdrawn from the penis bringing with it the end of the tube attached to the rubber dilator. The silk is now cut and the rubber bag is drawn into

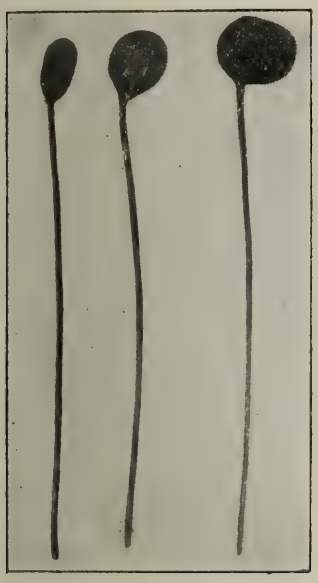

PLATE I

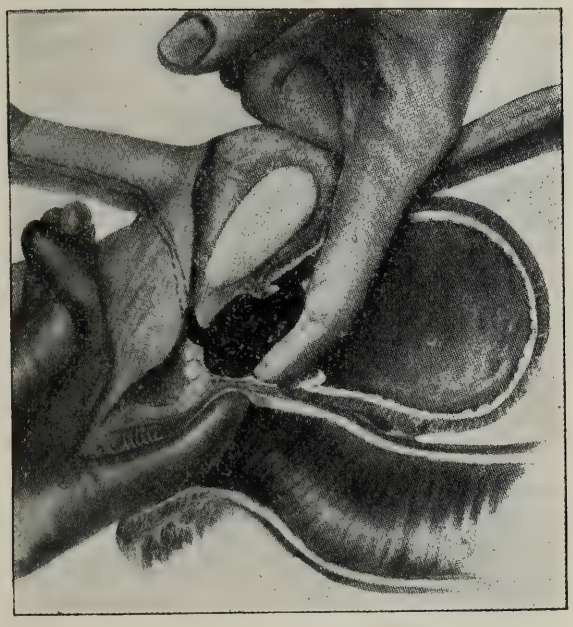

PLATE II

the bladder by pulling upon the free end of the tube, and with the index finger the rubber bag is crowded into the bottom of the wound from which the prostate was removed. (See Plate II.) A syringe nozzle is now inserted into the free end of the tube and sufficient water injected to distend the bag to conform to the walls of the sheath of the prostate gland. While the water is being injected it is desirable to press the bag forward, but when distended it usually remains in position.

A clamp is now applied to the tube and the end of the tube secured to an adhesive strap placed just above the knee joint. This maintains a constant elastic tension upon the bag and holds it in position. These rubber dilators may be thoroughly sterilized by boiling and can be used repeatedly.

NORMAL liver tissue stores up all sugar of the food in the form of glycogen. This same power seems to be possessed by other tissues for all sugars except fruit sugar or lævulose. Both experimented and clinical evidence indicates that the liver is the only organ that can convert and store up lævulose. Therefore, by giving moderate amounts of lævulose as food and watching for its appearance unchanged in the urine, we have a method of determining the functional efficiency of the liver, at least of its glycogenic function.—*Laidlaw, Hahnemannian Monthly,* January, 1906.

THE INFLUENCE OF CLIMATIC CONDITIONS UPON HAY-FEVER.

BY J. HENRY HALLOCK, M.D., SARANAC LAKE, N. Y.

Whether a better name than hay fever can be given to the disease which is now known to be largely a neurosis, I will not argue. All sorts of names and many kinds of treatment are proposed. Some still believe it is entirely due to some abnormality in the nasal organ, and in support of this we have all seen brilliant results after removing some exostosis or cauterizing some nerve ending. Then again we have obtained these results by sprays, etc., to the nasal mucous membrane, and we were inclined to herald a great discovery, but as a specialist in respiratory diseases, and coming in contact with a large number, I am frequently forced to admit that the results of treament are far from satisfactory; and as the annual time arrives for the patient to expect its appearance we think of a change of climate, and rightly too, for most cases are entirely relieved by a change, and it is not always necessary to send our patients far from home. I have known a change of a few miles to do all that was desired. Then again it may be necessary to make a number of trials before the right place is discovered, but after once finding it, a few weeks spent there each year may entirely ward off an attack.

There are plenty of people who annually visit our Adirondacks for the relief of hay fever or asthma, and it is seldom that one is disappointed Patients frequently move to the place that gives them relief, and frequently find that after eight or ten years they have "worn out" the climate and must suffer as before or move on.

This could easily happen in a disease having such a neurotic habit as to have been excited by an artificial rose, or, as in one of Mackenzie's patients, by gazing upon a picture of a field of hay. Hay fever seems to be prevalent throughout all the United States, with the exception of a few elevated regions. The Adirondacks are exceptionally free from the disease. During a residence of ten years in these mountains I have not met with a case among the natives or old residents here, but have known several who, for eight or nine years after moving here, having been entirely free from all symptoms of the disease, gradually lapse back into their old habits. Perhaps this more frequently happens in asthma than in hay fever. This change of climate which usually gives the patient complete relief as long as he remains, is not often curative, for the disease often returns as before if he moves back to his old home. Just how this change of climate brings relief, or why one climate produces hay fever and another does not, I have never been able to answer satisfactorily.

The different kinds of pollen may be less numerous in some places than others, but our mountains are covered with golden rod and other weeds and grasses the pollen of which is supposed to be a causative factor. The effect and tonic action of a pure and ozone-ladened air must be one agent; the effect upon the mind in going to a place unanimously heralded as a panacea is, certainly, an aid. We often see this illustrated in our tubercular patients.

For weeks before leaving home they may have been barely able to walk about the house, but on arriving at Saranac Lake, they at once feel so good that they decide to put off seeing their physician and are seized with the desire to benefit by using their newly acquired strength by long and fatiguing walks, all the while congratulating themselves upon their sudden recovery(?).

Of course this is *purely mental* and is usually paid for by a sickness in bed, but the hay fever patient being well, aside from his malady, may use his new strength as he sees fit without danger of relapse, and when his resources will permit there is no treatment like this change to give him entire relief after the attack is established, or to prevent its recurrence.

HINTS FOR MEDICAL TREATMENT OF HAY FEVER.

BY WILLIAM K. KNOWLES, M.D.

The list of medicines recommended for the homœopathic treatment of hay fever is not extensive, only some fifty in number.

As this is the season of the year when this affliction prevails, the indications for the use of these remedies are briefly given, in the hope that they may prove helpful to some physician who may be called upon to give relief for this distressing malady.

Ailanthus glandulosa.—Eyes feel irritated as from wind or dust. Burning and smarting. Lachrymation in the open air, or in bright light. Eyes affected by light. Conjunctivitis, which may be accompanied with purulent discharge. From nose a copious, thin, ichorous discharge without fetor. Nostrils raw, nose and upper lip covered with scabs. Sneezing, loss of smell; lips cracked. Thick, whitish coat on tongue. The throat may be affected; dry choky feeling, redness, soreness. Severe or dull frontal headache, confusion, mental labor difficult or impossible. There may be asthmatic respiration with aching and soreness in lungs. Tired feeling in lungs making it an effort to breathe. Aggravation in evening or at night.

Ambrosia artemisiaefolia.—(Ragweed). It is to be regretted

that there is so slight a proving of this remedy, for it would doubtless be of great service in the treatment of this disease if we knew just when it was indicated. It has been prescribed empirically with good success in some cases. Professor Dunbar of Hamburg, Germany, and others in Europe and this country have been experimenting with an antitoxin made by passing an extract prepared from the pollen of ragweed and other plants, grains and grasses, through the horse. It is claimed that a number of cases have been successfully treated with this antitoxin. How much easier and better to take this pollen and potentize it in accordance with the Homœopathic Pharmacopeia! Then if properly proven it might be a most useful remedy.

Aralia racemosa.—Frequent sneezing; copious, watery, acrid discharge, excoriating nasal passages; smarting soreness of the nostrils; suffocative catarrh with extreme sensitiveness to a draught, sneezing from the least current of air; dry, wheezing breathing, worse when lying down. Hay fever with asthmatic attacks and whistling respiration; must sit up.

Arsenicum.—Frequently prescribed. Thin, watery, excoriating discharge from nose; sneezing without relief. When characteristic symptoms of arsenic are present.

Arsenicum iodide.—Often gives better results than the white arsenic. Symptoms similar but without the characteristic thirst and fear of death.

Arundo mauritanica.—An unproved remedy, but it has been used with benefit in some cases. Sneezing, burning and itching of the palate and thirst are said to be prominent symptoms. Pain at root of nose, coryza, excoriating discharge.

Arum triphyllum.—Burning, ichorus, watery discharge from nose, excoriating nose and upper lip. Nose obstructed; smarting of eyes; aversion to light; asthmatic breathing. Agg. at night after lying down.

Arum maculatum.—Action similar to A. triphyllum, but it may be useful where the mucous surfaces of nose and throat are less severely affected.

Camphor.—Fluent coryza; nose obstructed; frequent chilliness.

Cuprum met.—Nose stopped up, yet there is sometimes fluent coryza, with pain in the frontal sinuses, lachrymation and smarting of eyes.

Cyclamen.—Frequent sneezing, with profuse discharge from nose, diminished smell and taste; pressing pains over nasal bones; itching in ears and much ear wax.

Dulcamara.—Nostrils entirely filled up, preventing breathing; constant sneezing; profuse discharge from nose and eyes, worse in open air, better in closed room. Agg. on awaking and in evening, from cut grass or new mown hay.

Euphorbium.—Sneezing, cough, chilliness and heat alternating; inflamed eyes, agglutinated at night; dryness of mouth and throat; oppression of chest; dry, deep, hollow, hoarse cough, with irritation of larynx; general prostration. Agg. from draught of air or dust.

Euphrasia.—Profuse coryza with smarting, lachrymation and photophobia; flow of acrid tears, discharge from nose mild.

Ferrum phos.—A case reported cured of an anæmic young woman who had menstrual troubles, prostration and great dryness of nose and throat. Had almost constant sneezing from a violent itching sensation in the nasal passages which could not be controlled by local treatment.

Gelsemium.—At the beginning. Violent sneezing in the morning. Pharyngeal inflammation with pain on swallowing, shooting up into the ear. Disposition to catch cold with every change of weather.

Grindelia.—Unproven, but has frequently been used with good results, particularly in the asthmatic form. There may be a large accumulation of mucus, tenacious and hard to detach; when it can be raised it brings relief. Fears to go to sleep on account of loss of breath, which awakens him.

Hecla lava.—Asthmatic form; oppressed breathing, with sensation as if there were a heavy weight lying on the chest. Agg. when walking through the woods and fields.

Hydrocyanic acid.—In asthmatic form where the small bronchial tubes are affected, with puffy face and feeble or violent heart's action; voient attacks of spasmodic suffocative cough with involuntary urination.

Ipecac.—When the characteristic symptoms of this remedy are present.

Iodium.—Obstructive coryza, becoming fluent in open air; discharge hot, watery,—sudden, violent, with much sneezing, lachrymation, pain in eyes, then violent cough, difficult respiration.

Kali bichromicum.—Sneezing, acrid, fluent discharge, excoriating the mucous membrane from nostrils to throat; this usually soon changes to the tough, tenacious form characteristic of this remedy. There may be wheezing cough, worse from eating and drinking, expectoration of tough, stringy mucus.

Kali iod.—Frequent and prolonged sneezing in morning on rising. Profuse, acrid, watery, excoriating discharge; swelling and redness of nose and eyelids; acrid tears; right and left nostril occluded alternately. Laryngitis, conjunctivitis, œdema of lids, dyspnœa; aching pain between the eyes; violent, suffocative cough.

Kola.—One case has been reported wherein this gave great relief. A doctor who was subject to a violent attack every year, obliging him to leave his business for a month or more,

and go to some place where he could escape it, received so much benefit from the use of this remedy that he was able to stay at home and attend to his practice.

Lachesis.—Nash claims to have had good results from this in cases where there was aggravation, particularly of sneezing, after sleep.

Lobelia.—Asthmatic form with great oppression of the chest. Derangement of the stomach, with a feeling of weakness, or a lump at pit. Constant dyspnœa; agg. from the slightest exposure to cold, and from eating.

Mercurius or *Merc. cor.*—When the characteristic symptoms are present.

Moschus.—Attacks of sudden dyspnœa; great collection of mucus, rattling, difficult to expel. Suffocative constriction of chest, palpitation, great anxiety.

Naja tripudians.—Hay fever, flow of water from the nose, followed by intense sneezing; later feeling of dryness of lungs and great difficulty of breathing, especially when lying down. Suffocative spells after sleeping (Lach).

Naphthalin.—Allen says: "It has been found a valuable remedy for hay fever, many inveterate cases seeming to have been entirely arrested; sneezing, eyes inflamed and painful, head hot; also spasmodic bronchitis and asthma, worse in open air, with soreness in chest and stomach; bloated feeling in stomach, has to loosen clothing." It has been used with some success as a prophylactic.

Natrum carb.—Violent sneezing, profuse discharge of thin, white mucus; worse from the least exposure to air or when removing an article of clothing; discharge through day, stoppage at night. Disposition to catch cold.

Natrum mur.—Hay fever with watery discharge from eyes and nose. Least exposure to sun brings on attack.

Phosphorus.—Characteristic symptoms.

Psorinum.—Raue recommends where there is a constitutional taint; the attacks sometimes alternate with eczema.

Pulsatilla.—Sometimes indicated.

Ranunculus bulb.—Hay fever with smarting and burning in the eyes, nose stuffed; tingling and crawling in the nostril which the patient cannot remove.

Rhus tox.—Spasmodic sneezing; it lasts all night; tip of nose red and sensitive. Characteristic rhus symptoms.

Rosa damascena.—(Rose.) "In the beginning when the eustachian tube is involved, with hardness of hearing and tinintus aurium." Raue.

Sabadilla.—Hay fever with violent spasmodic sneezing; itching and irritation in nose; copious watery discharge from nose and eyes; severe frontal headache.

Sanguinaria can.—Frequent sneezing; watery, acrid dis-

charge with much burning; pain in frontal sinuses; headache over right eye.

Silica.—Begins with itching and tingling of nose; violent sneezing and excoriating discharge; tickling cough.

Sinapis nigra.—Hay fever, nose dry and hot, no discharge; or there is a thin, watery, excoriating discharge; eyes red, smarting, burning, itching, with lachrymation.

Sticta.—Feeling of fulness and pressure at root of nose and forehead; severe dry racking cough from tickling in trachea; rattling wheezing in chest; feeling of malaise.

Tartar emetic.—Fluent coryza with chilliness; rattling of mucus in chest with oppression.

Taxus bacata.—Has been occasionally prescribed.

Teucrium marum verum.—Tingling in nose, frequent sneezing, followed by coryza; scraping in fauces; tickling in upper part of trachea.

Urtica urens.—When in addition to the nasal symptoms there is urticaria.

Zincum met.—Asthma, with oppression of chest; shortness of breath and cough after eating, particularly sweet things; smarting, itching and burning, worse in inner canthus; (Graph. affects the outer canthi). Most symptoms worse towards evening.

It might be added that much relief has been given by the use of a weak solution of adrenalin chloride frequently applied to the inflamed mucous surfaces.

A careful examination of the nose and throat should always be made to ascertain whether they are any foreign growths or abnormalities that require attention, for the removal of such has often given relief.

There are other drugs undoubtedly, which may be required when called for by concomitant symptoms or complications.

In order to differentiate between the above-named remedies, one must, of course, refer to the materia medica in order to obtain the complete picture required to secure the accurate homœopathic similimum. Whenever we can grasp that we secure results most satisfactory.

THE *Boston Journal* is our authority for the following information concerning a mutual agreement entered into by the thirteen physicians of the town of Attleboro. On account of considerable friction recently, concerning the scale of prices charged for the various classes of visits, the doctors have combined, and it is stated, have all signed an agreement whereby the following prices will be followed:

Office call, without examination, 75 cents; office call, with examination, $1.00 to $5.00; house visit in the village, $1.50; house visit to nearby villages, $2.00; consultation, $3.00; night visit, $2.50.

HOMŒOPATHIC PRESCRIBING IN DIARRHŒIC CONDITIONS.*

BY GRACE STEVENS, M.D., NORTHAMPTON, MASS.

The proverb that "there is nothing new under the sun" most surely applies to all I can offer on the subject assigned me.

A prescription for any of the various diarrhœic conditions must be made on the same principle as any other prescription. "Give the indicated remedy" sums up the whole matter. Perhaps, however, we cannot be too often reminded that, while the local condition always claims attention first, the physician must look beyond that to the condition of the whole system. He must remember that the human body is an organism, not a mechanism; that when one part is sick, the whole body suffers; and that *all* the symptoms of a case must be collected if an intelligent choice of remedies is to be made. In other words, it is the patient, not the disease, that is to be treated.

A correct diagnosis of the case is most valuable as an aid to prognosis and to the choice of adjuvant treatment, but it does not as a rule help much in the selection of the remedy. The pathognomonic symptoms may be found under twenty different drugs, but we shall benefit the patient very little if we are not able to select the *one* best fitted to the case in hand; and this choice must be made as a rule through the study of symptoms which have little or no connection with the diagnosis.

Again, some drugs have proved useful in all the several different forms of diarrhœa, so that here again something beside the intestinal symptoms must decide. For instance, suppose the case to be one of dysentery. If we turn to that heading in Dr. Bell's book on diarrhœa, we find forty-four remedies given, and we are quite as much at a loss for the right one as before. But, if, on considering the patient as an individual, we find, let us say, irritability of temper, great sensitiveness to external impressions, chilliness from any current of air, much flatulence, backache, pain in abdomen and much urging before stool, with relief of these last symptoms after stool, we can easily select nux vomica as our remedy.

And then, in the second place, the fact that arsenicum has sometimes proved curative in dysentery would not deter us from using it in cholera morbus, if the patient were restless in spite of great weakness; chilly, thirsty, and worse after midnight.

Thus, although it is essential in choosing the remedy that attention be paid to the character of the stool as regards color, odor, consistency, size and frequency, it is also necessary to note the accompanying symptoms before, during and after, as pain,

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tenesmus, chill, sweat, faintness, nausea, etc.; also the times at which, or conditions under which, the symptoms are aggravated or ameliorated. Besides all this, the general constitutional symptoms must be observed, thirst, appetite, desires or aversions, even the mental symptoms, and, last in order of mention, but often *first* in importance, the cause of the attack should be carefully sought.

All these details may become clear almost at a glance, so that the choice of the remedy is a very simple matter; or it may demand a good deal of time and very close attention to collect the symptoms and still more time and study to make a correct prescription. In the latter case, however, the time will have been well spent. There is no surer way to waste time with a case than to make a hasty and careless prescription, as any physician can testify who has been so unfortunate as to try it.

To give a list of the remedies which are at one time or another useful in diarrhœa and dysentery would mean repeating the names of nearly half our proven drugs. This I will not attempt to do, but will speak of only a few, which, although not those most commonly used, are extremely serviceable when they are indicated.

Dulcamara, the bitter-sweet, usually fits cases that are caused by exposure to cold and dampness after being overheated, or by sudden changes in the weather from hot to cold. Dr. Kent speaks of the remedy as especially useful in the diarrhœas of children who have been at the mountains late in summer, when the days are very hot, and the evenings cold; also with people whose work compels them to go from one extreme of temperature to another, as those who handle ice or work in cellars.

The stools may be watery or mucous and bloody, and are apt to be preceded and accompanied by perspiration, colic and nausea. There is thirst after the stool, and the skin becomes hot and dry. When the exciting cause is present, Dr. Bell calls it "an indispensable and all-sufficient remedy," but says it must be given at the beginning of the attack in order to be useful.

Where the stool is preceded and accompanied by severe cutting pain in the abdomen, we are apt to think at once of *Colocynth*, and that is surely a most valuable remedy; but it is by no means the only drug that has that symptom, and one that needs to be carefully compared with it is *Aloe*.

The stool, like that of colocynth, may be yellow fecal or composed of mucus and blood, for both remedies are useful alike in diarrhœa and dysentery, but the aloe stool is apt to be discharged involuntarily when flatus or urine is expelled. Both remedies have an aggravation after eating, but colocynth more especially from eating cold food or fruit. Aloe has also an aggravation from standing and walking. Colocynth has re-

lief of pain from hard pressure and bending double; with aloe this amelioration is less marked, but the passing of flatus brings relief. In aloe also, the rectal symptoms are more prominent than in colocynth:— the tenesmus is greater, there is heat, burning and feeling of weight, and, besides, there are often the characteristic aloe hemorrhoids which are relieved by cold water.

Aloe has many times a craving for food, especially in children, while colocynth is apt to have nausea.

One writer tells of four cases of dysentery in one house, all of them characterized by excruciating abdominal pain and one also by prolapsus ani. The patients did not improve under the mercuries or colocynth, but recovered promptly on receiving aloe.

Another remedy which is interesting to compare and contrast with colocynth is dioscorea.

It has a violent colic occurring in paroxysms, but unlike colocynth it is worse lying down or bending double, better by standing straight and walking about, and also better by eating.

In a copy of the *American Homœopathic Review* for 1865 there is an account by Dr. Adolph Lippe of an epidemic of dysentery in Philadelphia. He says, in part, "The remedy most frequently indicated was mercurius corrosivus. The violent tenesmus, continuing after the evacuation, the discharges of blood and mucus, and the aggravation during the night were its indications. In former years nux vomica and colocynth were the remedies most called for."

In a protracted and desperate case the patient suffered much from tenesmus vesicæ; the desire to pass urine was urgent and continuous but unsuccessful, except during an evacuation from the bowels; also accompanied by violent tenesmus. Cantharides, camphor, aconite, mercurius corrosivus, capsicum and sulphur had been given without any good result. Alumina has the following symptoms [vide Hahnemann's Chronic Diseases]: Sympt. 567. While pressing to stool, which is passed with much difficulty, the urine escapes involuntarily. 792. Loose evacuations with tenesmus in the rectum.

Alumina relieved the patient at once and confirmed former observations when under similar circumstances alumina had been the curative remedy.

Thrombidium cured two cases. First, a consumptive old lady who was suddenly attacked with great tenesmus, straining to stool, prolapsus ani, with discharges of mucus and soft feces; was soon relieved.

Second. An old gentleman about seventy-five years old, much emaciated, but of nervous temperament, had dysentery for three weeks. The aggravation was from 4 P.M. to 4 A.M.; the straining and tenesmus violent, rectum and hemorrhoidal tumors protruded constantly when he was urged to evacuate;

discharges consisted principally of pus, blood and mucus, with occasional very small pieces of feces. The skin was dry, tongue coated, thirst moderate, pains in the bowels very moderate.

The most carefully selected remedies had but a very short effect in relieving. Mercurius corrosivus had been given in a single dose in various potencies and in water, but it did no permanent good.

Thrombidium 1000 [Dr. Fink's preparation] dissolved in water and a spoonful administered every few hours, at once removed all symptoms of dysentery. There was a profuse discharge of fecal matter without straining, tenesmus, or prolapsus ani.

These last two cases reported by Dr. Lippe suggest a comparison of thrombidium and podophyllum, on account of the symptom, prolapsus of the anus which occurs more frequently under those remedies than any others. Thrombidium has more pain before and during stool than podophyllum, and a pain in the left side of the abdomen before stool is especially characteristic. The thrombidium stool is frequent and scanty:— that of podophyllum very profuse and usually watery, with a meal-like sediment.

Podophyllum has also marked exhaustion after stool, like nitric acid and sepia, but especially secale cornutum and veratrum album. With both of the last remedies we connect the cold, pale face, sunken eyes and general symptoms of collapse. The characteristic aversion of the secale patient to being covered or to any external heat, will help to distinguish the two;— also the fact that veratrum has more severe pain before and during stool, with vomiting and cold sweat on the forehead. Both drugs may be useful in the worst type of cholera morbus.

The cases which I have to offer from my own experience are in no way remarkable — they simply show the result of an attempt to prescribe according to the principles already stated.

Case 1. On shipboard. Miss E. H. called me to her stateroom one evening, and said that she had had diarrhœa for several days, but not knowing that there was a homœopathic physician on board had been taking some "hot medicine" offered by a fellow passenger, but without any relief.

The stools were watery and nearly white, painless, and did not cause exhaustion. The patient had suffered from sleeplessness for several nights.

The only remedy in Dr. Bell's "Homœopathic Therapeutics of Diarrhœa" which has absence of exhaustion is phosphoric acid, and this has also the white, watery, painless stool. Phosphoric acid was accordingly given, and the next morning my patient reported that she slept well all night, and she had no more diarrhœa.

Case 2. Miss M. H. For several days has had diarrhœa

coming on about four o'clock in the afternoon. The stools were large, very thin, preceded and accompanied by flatulent pain, and followed by relief. There was nothing especially characteristic about this case except the flatulence and the time of aggravation, and this led me to give lycopodium, which brought speedy relief.

Case 3. Miss S. M. The case developed at the mountains where the air was very cool night and morning, and hot during the day. The stools were large, brown, liquid, fecal, preceded by cutting pain and feeling of nausea, accompanied by much flatus and followed by great thirst. On farther questioning I found that the patient was fairly comfortable while she remained quiet in bed, but if she moved about her room, the attacks were renewed.

Bryonia was given, bringing very prompt improvement, and in a few days the patient was able to take long walks.

Case 4. Baby three months old. Stools eight or ten a day—large, of greenish mucus and undigested food, foul in odor and very excoriating. The child was suffering much from flatulence and was very peevish, restless and sleepless, wanting to be held or rocked continually. As he was being fed on malted milk, I ordered Eskay's food to be substituted, and prescribed chamomile.

This was about ten in the forenoon. Before night the mucus had largely disappeared from the stools, the child slept well during the night, and from that time improved rapidly.

Case 5. Miss H. had a slight attack of diarrhœa following the injudicious eating of fruit, and attempted to cure herself with a dose of "senna tea." As a result the diarrhœa was much worse. There was a good deal of urging before stool with relief afterward. Here, the cause — too much senna tea — and the relief after stool, seemed the only points on which to prescribe, and nux vomica was given with immediate relief.

Case 6. Another nux vomica case was that of an old lady, eighty-three years old. She had been suffering from diarrhœa for several days before I was called, and was quite weak.

The abdomen was tympanitic and tender and there was a good deal of flatulence with the stool, which was profuse, dark, liquid and very offensive. There was pain in the abdomen before stool, and relief after, and the urging to stool was somewhat aggravated by motion. The patient had no appetite and was chilly although she had some fever.

There was steady improvement for the next three days after giving the remedy, the temperature became normal, strength and appetite returned, and the stools were formed; but as the patient continued to have two or three early morning stools she was given sulphur, which finished the case satisfactorily.

Case 7 was that of a little girl three years old, who had had

diarrhœa for two days. At the beginning of the trouble, the mother had given a cathartic to clear the bowels, with the result that the stools were much more frequent, and were now composed of blood-streaked mucus. There was a good deal of tenesmus lasting after the stool, the tongue was much coated and the child had considerable fever.

Mercurius corrosivus was given, and the child was all right the next day.

Case 8. A case in which knowledge of the cause led to the choice of remedy, was one of diarrhœa due to fright, which had been followed by a severe nervous chill.

There were practically no other symptoms on which to prescribe, but the patient improved promptly under gelsemium.

Cases 9 and 10. Two cases which were cured promptly by natrum sulphuricum showing the efficacy of that drug in both acute and chronic forms of diarrhœa.

In the first case, the patient had suffered for several days from a diarrhœa coming on as soon as she rose, and lasting for about two hours. There was pain before the stool, which was accompanied by much flatulence. The patient complained also of a grinding occipital head-ache, and much languor and weakness.

Natrum sulphur cured both diarrhœa and head-ache in less than twenty-four hours.

The second case was that of a patient who had had diarrhœa every summer for several years, and the present attack had lasted some weeks when I was called.

The most marked aggravation was during the morning and forenoon, but there was also some trouble the latter part of the night. There was much flatulence, and the stools, which were preceded by chilliness, were watery and profuse. The patient felt weak and was much exhausted by exercise, especially in the heat, although he was also sensitive to cold. He was restless, very cross and irritable, slept badly, and suffered from sharp shifting pains in back and limbs.

On the fourth day after receiving the natrum sulphur the patient reported that the bowels were acting normally, he was sleeping better and feeling stronger and more cheerful; and this improvement continued during the rest of the summer.

In conclusion, let no one overlook the fact, that the selection of the remedy is not the *only* point to be carefully considered in the treatment of these cases. Diet, bathing and rest, as well as other non-medicinal aids to recovery, must be thought of, but the homœopathic remedy still holds the first place; and he who knows his Materia Medica thoroughly can do great things with medicine, even when other helps cannot be obtained.

DISCUSSION BY DR. FRANK W. PATCH.

Mr. Chairman, Ladies and Gentlemen,— If discussion is supposed to mean criticism I shall find little to say after this paper. There are one or two points, however, I would like to emphasize in connection with it that have come from experience with these diseases.

I sometimes wish that we could listen to a list of cases that have not been cured promptly, for it seems to me that we are constantly coming across cases that are not cured as promptly as they ought to be. I believe the reason may be that we are apt to think they are of but slight importance anyway, and do not give them as much attention as we should. Thinking of some cases that have not been cured promptly, I have long ago come to the conclusion that there are one or two points which ought to be emphasized very strongly. The first point is the significance of the diarrhœa or the cause which makes it possible. If we can only get at the underlying cause we may be able to relieve entirely without resorting to anything further. For instance infantile diarrhœa where cleanliness in the preparation of the food will accomplish so much,— in these cases it is utterly impossible to do anything at all until we assure ourselves that the milk is absolutely pure and clean.

At the same time we must separate the cases of simple diarrhœa which are perhaps due to some indiscretion in diet, and the other kind which are produced by some constitutional disease. In handling them we certainly often have to look a long way for the simple cause. We have to look deeply also for the indications for the remedy. I remember one of the most difficult cases I ever had presented no symptoms whatever except the possible cause. It is cases like this which trouble us.

The author speaks of the monograph "Bell's Diarrhœa." I think this is an excellent treatise on the subject, and I have great respect for its author, yet, at the same time, it is necessary to get at the whole patient, and it is necessary to read the whole materia medica. The moment we depend entirely upon these monographs we shall certainly find ourselves in trouble.

INTESTINAL IRRIGATION IN DIARRHŒIC CONDITIONS.*

BY ELMER H. COPELAND, A M., M.D.

It was my purpose, when first considering the subject for this paper, to write upon intestinal irrigation in general and not limit my remarks to diarrhœic conditions. The reason for our "change of heart" came from the reading of Jaimson's "Intestinal Irrigation," which, containing much valuable information, however, does seem to be carrying it a little too far

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when it advises a healthy individual to take three rectal irrigations a day for the sake of cleanliness. I had always supposed the rectum to have some rights which the physician was bound to respect. If our supposition be true, then Jaimson is wrong. However, time and inclination both led us to the more restricted subject, namely: "Intestinal Irrigation in Diarrhœic Conditions."

It is not to be understood that we are bringing forward any new treatment, but, rather, we are bringing "coals to Newcastle" and trying to kindle afresh interest in this oft-time forgotten therapeutic method.

Of course, when we speak of "intestinal irrigation," we really mean "colon flushing," as the colon with the cæcum and rectum are the only parts of the intestinal canal that can properly be said to be capable of irrigation. This brings us to the consideration, anatomically, of the large intestine. If in this hasty review of its anatomical structure I use some phrases and even whole sentences the authenticity of which you can trace directly to Gray, do not accuse me of plagiarism, but bow in admiration of that master of condensation and clearness.

The large intestine is about five feet in length, being one fifth of the whole extent of the intestinal canal, and is divided into three parts, the cæcum, colon, and rectum, The cæcum is the large blind pouch in which the large intestine commences. The colon is divided into four parts, the ascending, transverse descending, and sigmoid flexure. The cæcum is the most dilated portion of the large intestine and the sigmoid flexure the narrowest. The cæcum and colon together might be represented as an elongated funnel, the narrowest part of which, the sigmoid flexure, empties into the rectum, a bottle-shaped tube from six to eight inches long, the narrowest part or neck of the bottle above and the lower portion, capable of enormous distention, below, ending in the anus guarded by the internal and external sphincters. The rectum might graphically be represented by one of those vented nursing bottles. We thus describe the large intestine, diagrammatically, as a funnel (the cæcum and colon) emptying into a bottle (the rectum).

Structure. The large intestine has four coats; serous, muscular, cellular, and mucous. The serous coat is derived from the peritoneum and invests the whole of the large intestine to a variable extent.

The muscular coat consists of an external longitudinal and an internal circular layer of muscular fibres. The longitudinal fibres are not found as an uniform layer over the whole surface of the large intestine, but form three longitudinal bands which may appropriately be named anterior, posterior, and lateral bands. These bands are about one half shorter than the other parts of the intestine and serve to produce the sacculi, which

are characteristic of the cæcum and colon. The circular fibres form a thin layer over the cæcum and colon, being especially accumulated in the intervals between the sacculi. In the rectum they form a thick layer, especially at its lower end, where they become numerous and form the internal sphincter.

The cellular coat connects the muscular and mucous layers closely together.

The mucous membrane of the cæcum and colon is quite smooth, destitute of villi and raised into numerous crescentic folds corresponding to the intervals between the sacculi. When the lower part of the rectum is contracted this mucous membrane is thrown into longitudinal folds which are effaced by the distention of the gut. Besides these are the semi-lunar folds, usually three in number. These are prominent folds about half an inch wide, situated at different levels and projecting inward from the different sides of the rectum.

The foregoing hasty description is projected upon your mental vision simply to revive your memory of the anatomy of the large intestine, and demonstrate that it was designed principally as a receptacle as large as possible commensurate with convenience and space.

The different diseases with diarrhœic symptoms that may affect the large intestine are, first, cholera nostras; second, cholera infantum or acute gastro-enteric infection; third, ileo-colitis; fourth, dysentery; fifth, cholera; sixth, tuberculosis of the bowel; seventh, cancer; eighth, ulceration of the bowel, and ninth, typhoid fever. Of the symptomatic choleras there are, first, poisoning by food or drugs; second, acute and chronic catarrh; third, diarrhœa from teething, accompanied by convulsions in rare cases; fourth, diarrhœa from nervous influences; fifth, toxic diarrhœas — from uremia and often from the infectious diseases.

Here we see a wide range of diarrhœic conditions demanding the attention of the physician and even taxing his skill to the utmost. No one method will control or benefit all the conditions, and all methods of treatment must necessarily fail in some cases. It is not my purpose to give you the symptoms and treatment of these various conditions, but to call your attention to the usefulness of intestinal irrigation, or colon flushing, in many of them. You will readily understand that when the diarrhœa is of an eliminative nature, as in cholera infantum, entero-colitis, cholera nostras, etc., our object is at once to assist nature in her efforts to expel the offending material. Oftentimes the material to be expelled is the germs of disease and the product of the germs — the toxins. The large intestine with its many sacculi and the mucous membrane thrown into numerous folds is the happy hunting-ground of the

germs. Here they proliferate, bathed in unhealthy secretions, millions to the square inch, generating toxins to be absorbed by the lymph-vessels, and thence poured into the blood, circulating through the entire system, and thus poisoning the patient throughout.

Of all the above-named conditions there is but one where colon flushing would be contra-indicated, namely typhoid fever, and even here the possibility of doing damage is very remote. Still, there is a possibility of causing perforation, even if the flushing is done in the most careful manner and with the least possible amount of distention of the colon, but the benefits to be derived are often sufficient to warrant our taking this remote risk. With this exception, there is not a diarrhœic condition where there is a particle of danger from colon flushing, and every one of these conditions is distinctly benefitted by a proper and thorough method of treatment after this manner, as we shall show later on by giving one or two illustrative cases.

Before going on to give the technique of this very simple operation, let me call your attention to the objects to be accomplished. First, the prime object is to clear the large intestine as rapidly and as thoroughly as possible of feces, mucus, pus, blood and bacteria, all of which are present in varying proportion in nearly all diarrhœic conditions. This relieves irritation and lessens the extent of auto-infection, an always serious concomitant, especially in summer diarrhœa of young children. While we cannot expect to render the bowel aseptic or antiseptic, yet we can reduce the number of bacteria very materially. Second, irrigation with normal salt solution helps to sustain the strength of the patient. While a large portion of the solution is returned almost immediately, still an appreciable amount will, in most cases, be absorbed into the lymph-vessels and thus support the blood supply. Third, intestinal irrigation helps to satisfy thirst, reduces the temperature, and in a measure relieves the nervous symptoms. Fourth, a direct application of medicinal substances in solution can be effected, as in ulcerated conditions, but too much reliance must not be placed upon this, as the application is in contact with the surface so short a time that great benefit cannot be expected from the medicinal qualities of the solution.

Materials and Methods. The irrigation should be given with a fountain syringe or Hegar's apparatus, and should be given by the physician himself or a competent nurse. If a fountain syringe is used, there should be attached to the rectal tip a a soft rubber rectal tube not less than eighteen inches long. The stiff or hard rubber rectal tubes are not desirable. The tube, well oiled, should be inserted into the rectum for about four inches, and then the water may be turned on. As the rectum fills with water, slowly push the tube backward and up-

ward. As the water rises in the bottle-shaped rectum, above described, it expands and opens up the neck of the bottle, the sigmoid flexure, and the tube follows easily into the sigmoid flexure, the water rising from here into the colon.

Position of the Patient. If the patient is a grown person, it is best that he should lie upon his right side with the hips slightly higher than the head. It is well to protect the bed with a Kelly pad under the hips, with the tail of the pad reaching into a pail or tub. Have the fountain syringe held about three feet above the bed. This gives sufficient force. If Hegar's apparatus is used, the funnel can be raised or lowered to suit the force required. From two to three feet is sufficient. The quantity of the given solution is of much more importance than the kind, and should always be large, not less than two quarts, and from this up to two gallons. Continue, if possible, the irrigation until the return water is as clear as before using. Allow the irrigation to continue constantly, the water passing up the irrigator tube and into the colon and out at the anus, an almost constant stream. This will result after the first few moments when the colon is being filled. It will be necessary to hold the tube in the rectum by a firm upward pressure during both the voluntary and the involuntary efforts at expulsion. So great is the expulsive force at times that the tube will be doubled upon itself and the point protrude at the anus. In first introducing the tube it is necessary to guard against the liability of the tube doubling upon itself before it enters the sigmoid flexure, in which event all our efforts will result in merely washing out the rectum, but if the precaution above mentioned of introducing the tube a few inches into the rectum and then letting on the water be observed, the tube can readily be inserted into the sigmoid flexure. In the case of a young child we used a soft rubber catheter, attached to the rectal tip of a fountain syringe, for the rectal tube. It is often better for the mother or nurse to hold the child in her lap, protected by a rubber sheet or a Kelly pad. If the home is not provided with these means of protection, we sometimes place the child on an old blanket laid in the bottom of the bath tub, and here we can irrigate and wash to our hearts' content without fear of wetting the floor, mother, nurse or doctor.

The normal salt solution, one dram of salt to a pint of water, with a temperature of 100° F. is the all-sufficient solution. It is better, all things considered, than any other we have ever used, especially for a cleansing solution; but boracic acid, salcylic acid, bismuth and glyco-thymoline solutions are all useful if one wants a slightly antiseptic effect, but stronger antiseptics, like bichloride of mercury, had best be avoided, even in very diluted solutions like 1-10,000 or 1-20,000.

My experience in the use of intestinal irrigation in diarr-

hœic conditions extends over a period of nearly six years, and I have at my command reports of many cases, but I will detain you with a description of only two. One is a case of gastro-enteric infection, the other of ileo-colitis.

Case 1. F. R., a child less than a year old, had been sick, beginning with acute gastro-enteric infection from the last of June until the first week in August, 1900, covering a period of about six weeks. The case began very violently with the onset of the hot weather — convulsions, vomiting and diarrhœa, fever 103 to 105°. The child was not expected to live from one day to the next. All the customary means were employed and the case improved sufficiently to be removed to the cooler air of the mountains a few miles from Northampton. Still the vomiting and diarrhœa continued, slightly abated; the little sufferer was pitiable to behold, literally nothing but skin and bone. One morning, the 8th of August, I was summoned early to make the trip of fourteen miles as soon as possible; it was thought the baby would not live the day out. On my arrival I found the patient had been worse during the last twenty-four hours, having had almost constant bloody stools during the night. It was then that we began to use intestinal irrigation, whether prompted by precept, by reading, or by reason, we do not know, but we do know that the baby lived, beginning to improve from that day, and was brought home on a pillow the first of September.

Case 2. H. L., four months and a half old, was taken sick June 30th last, the day after I left for my summer vacation. The case was one of dysentery or ileo-colitis from the beginning. In my absence an old school physician of many years experience was summuned. After two weeks treatment, he pronounced the case hopeless and discontinued his visits, saying the little one would die. The baby improved a little during the doctor's absence, and in a week the family called him again. In another week the baby was worse and was pronounced hopeless. As I was to return in a few days, the family waited for me. Intestinal irrigation of normal salt solution, three a day and about four quarts at a time saved the baby's life. At the same time she was fed upon Imperial Granum and given Ipecac 2x, in water, a teaspoonful every half hour.

The father of this child was at one time a practising physician, and he asked the attending physician why he did not irrigate and was informed that it was a very dangerous practice in young children, as it was liable to turn the rectum wrong side out. Let me read to you a part of that father's letter to me on the recovery of his child:

"*Dear Doctor:*—

The little girl has come along where we can report a complete recovery. She takes five ounces and a half every two and a

half to three hours, nights included, with keen appetite, and has full, yellow stools perfectly digested, gained twenty-four ounces, sleeps well, is bright and happy, tongue clear now, (last thing to come entirely straight), still irrigating once a day. . . . The case is ended. I hope Dr. —— has taken up irrigation of the colon. The New York Academy of Medicine gave a whole evening in its honor some twelve years ago, when Elmer Lee, just back from St. Petersburgh, Russia, and their cholera epidemic of that date, was the leading speaker. It is certainly regular practice long since.

[Signed] C. W. L."

It was this closing sentence from the grateful parent that led me to write a somewhat extended paper upon a simple subject about which we all knew so much. In medicine, as in many other fields of occupation, it is not sufficient merely to know the things to do, but, rather, to know them to do them. Let this paper, then, call to your minds in the coming summer months, when you are at your wits ends, the usefulness of intestinal irrigation in diarrhœic conditions.

DIET IN INTESTINAL DISEASES,*

BY ELWYN W. CAPEN, MONSON, MASS.

It seems somewhat trite to remark that the average physician in general practice pays too little attention to the alimentation of his patients. Such, however, I am persuaded, partly from experience, is the case. How easy it is to say in reply to some one's question, "give him something light"; and then find at the next visit that the attendant's idea of "something light" has been freshly baked bread, a bit of boiled cabbage, or perchance something less extreme but barely less indigestible. Too often the key to the situation lies in this most often neglected prescription, and if we wish the best results most speedily we cannot afford to neglect to prescribe diet as well as drug.

To consider more particularly diet in diseases of the intestinal tract, it may be best to take a cursory glance at the normal intestinal functions and the material upon which the intestine is made to work. With the anatomy of the intestine you are familiar: the muscular coats, the linings, the glands and the location of various parts are as well known as the streets of your old home town were in boyhood.

A word then on the intestinal juices—pancreatic, biliary, and glandular secretions, and the ingesta as it comes from the stomach.

*Read before the Massachusetts Homœopathic Medical Society, April, 1906.

The food as it comes from the stomach has been masticated to some extent and mixed with alkaline saliva and then with acid gastric juice, so that it normally is an even, pultaceous mass of acid reaction. The proteids have been acted upon by the pepsin and H.cl., the gelatinous wrappings of muscle bundles in meat have been dissolved and the starchy or other parts of the food softened or liquefied, and some parts have been completely dissolved and partially absorbed. As this "chyme" passes into the duodenum a flow of bile and also of pancreatic juice is excited, and these being of a more or less alkaline reaction the acidity is at once lessened and soon overcome. The pancreatic juice resumes the conversion of starch to sugar that was begun in the mouth; with the aid of the bile it emulsifies the fats, and also continues the conversion of proteid to peptone. The bile aids the work of the pancreatic juice by its saponifying and anti-fermentative properties. These two juices with previous processes then, change proteid to peptone, starch to sugar, and sugar to lactic and other acids; and emulsify and saponify the fats. The final product is absorbed into the lacteals and portal blood vessels. In the large intestine the reaction becomes again acid and some fermentation goes on, but no digestive ferments are secreted by the glands of the large intestine and therefore the juices of the large intestine have no digestive action and for our purposes may be neglected. Such very briefly is normal digestion.

In considering the diet for individual diseases it is necessary to get an idea of the pathological processes present and then modify the diet to the particular case, always bearing in mind the length of time the patient must be sustained, whether the patient is at rest or doing some work, and whether there are after effects to be guarded against. By way of illustration a typhoid case which is to be four to six weeks in bed would require a diet different from that of an ambulant case of enteritis which is to be up all the time.

To consider a few specific classes of intestinal affections and evolve working ideas is all that the scope of this paper will allow. First, then let us take the general moderate inflammation known as diarrhœa or enteritis. It may be acute or chronic; it may occur in the aged or in children; it may be due to errors in diet, taking cold, ingestion of poisons, over doses of aperients or laxatives, or changes in secretions, but a few general principles apply. Nature is trying to expel some offending substance, and our first duty is to aid by withholding all food for a time. Then such food as is given should be of such character that no fermentation arises on account of it, and it should also be of such a consistency that irritative friction is not marked enough to cause excession peristalsis. When the first food is given nothing fulfills the condition more acceptably than albumen

water, which may be flavored to suit the taste of the patient. Barley water, mutton or chicken broth either clear or thickened with boiled rice, tapioca, sago or cracker crumbs, come next in order. Provided no "biliousness" coexists, milk may be tried, especially if diluted with lime water, Oatmeal water sometimes furnishes a very palatable addition and may be supplemented by the addition of a little beef juice, panopepton or other similar preparation. The return to regular diet should be gradual, beginning with such things as milk toast, oysters, boiled rice, beef steak, chicken breast or partridge, with baked or mashed potato. Foods to be avoided especially if any diseased condition of the liver is associated are: very rich milk, green vegetables, raw acid fruits, dried fruit and nuts, richly cooked acid or fat dishes, crustaceans, pork, veal, coarse bread, pastry, sweets and desserts of all kinds. Occasionally a chronic colitis refuses to improve upon any diet, and after a thorough trial of special diets a return should be made to a balanced and diversified ration.

Chronic constipation is probably a more nearly universal complaint than chronic diarrhœa. It may be due to lack of peristalsis, or lack of secretion; to too concentrated a diet, to too little ingestion of fluid, to astringent food or drink, to indigestible food, to irregularity of habits, or to lack of exercise. It becomes necessary, then, to overcome all of these; and to do so without the aid of drugs save as a temporary measure is far preferable to continued medication. Digestible food, which, either by the bulk of its residue or its chemical or physical properties, will excite peristalsis and secretion, will fulfill the requirements.

Vegetable food, in general, as distinguished from the more concentrated nitrogenous diet, furnishes a much more bulky residue and helps materially to secure the end in view. Potatoes, corn, peas, beans, tomatoes, greens and all fresh vegetables are of service partly because of their bulk and partly because of their succulency when given fresh. Coarsely ground cereals by their irritant action greatly increase peristalsis. Breads containing either molasses, brown sugar, or honey are especially efficacious. Fruits, because of either their seeds or the juices they contain, as well as the bulk of their residue assist, in generating a sufficient peristalsis, as well as a glandular secretion. Eaten between meals or before breakfast, especially if accompanied by considerable ingestion of water, their effect is much enhanced. Oranges, apples, pears, peaches, prunes and plums, are particularly useful. Cooked fruits are even better than the raw, especially when a weak digestion is instrumental in causing the trouble. Very little sugar should be added or flatulency may complicate the trouble. Saccharin answers all purposes for sweetening and is often much to be preferred. Canned fruits, or those preserved in syrup are of comparatively

little use. Bananas should be omitted except in selected cases. Water freely taken at any time except with meals as hot water, before meals, or a glass on arising or retiring, is of the greatest possible assistance. Cream, milk and buttermilk are also of use.

Diet in cases of non-surgical appendicitis should consist of food that will be most completely absorbed and leave the least residue. Nutritive broths, beaten eggs, pancreatinized milk with whey and buttermilk constitute a sufficient diet to get through the acute attack.

Typhoid.—No condition with which we have to deal calls for more careful treatment dietetically than does typhoid fever. Diet in fevers from the time of Hippocrates down to the present day has been, rightly perhaps, somewhat restricted and at times extremely so, and typhoid fever has been the special ground where most restriction has been tried. The reason of course is plain; the ulcerative condition of the intestine, most severe in the ileum but found also to some extent both sides of it, would emphatically suggest that coarse food which might scratch or erode; bulky foods which might over distend; and germ-laden foods which might additionally affect and infect should be ruled out. A food which in the ordinary course of events, must be used from four to six weeks should be palatable; should leave a fairly slight residue and should be easily digestible. Milk has long held sway as the most desirable of all foods for such cases, and probably today it fulfills more of the conditions than any other one article. It, however, is not the one thing needful in these cases and leaves much to be desired in various ways. If undiluted it forms rather stiff bulky curds immediately on entering the stomach; and if diluted to any degree the amount necessary in twenty-four hours becomes so large as to almost forbid ingestion. It is not always easily digestible and whereas usually it forms one of the large factors in a typhoid diet careful watch should be kept of the stools for curds and fermentative products. When they are present measures for the supplementing of an insufficient digestive apparatus must be taken and the milk partly predigested or otherwise treated. Six ounces, once in two hours night and day constitute the amount necessary to furnish the 2300 calories of energy needed for a healthy body in 24 hours. A diseased body needs full as much if it is possible to give it, but it is not usually possible if milk be the sole article of diet. Milk may be given raw, plain, boiled, diluted with lime or plain water, coffee, tea or other flavoring material and, according to my belief, should be supplemented by the use of beef juice, beef, chicken or mutton broth, if not too much diarrhœa coexists. Junket, egg albumen, gruels if emaciation is rapid, and Horlick's, Ridge's

or Mellin's food or malted milk all have their place in the dietary, and should not be omitted.

The onset of severe diarrhœa will necessitate suitable modification of the diet as by boiling the milk or adding Ridges' food. Whey or buttermilk may be substituted if the patient tires of the milk. The various prepared meats like Panopepton, Sharp & Dohmes' Beef, Egg and Wheat, Bovinine and others of a similar composition should be kept on tap so to speak and used as occasion demands. It is better not to be obliged to convalesce from starvation as well as typhoid fever at the same time. Return to the usual diet should be gradual and begin after the fever has been absent for from two days to ten according to the severity and complications in a given case. To start with, thickened broths once daily — then milk toast, soft cooked egg, custard, rice pudding, calf's foot jelly, meat broth with beaten egg, and so on through such things as poached egg, mush and milk, bread and milk, tender steak, sponge cake and whipped cream, broiled fish, maccaroni, sago, rice and farina pudding, baked apple and cream, until a full diet is reached, being careful to insist and ensure that no full meals be taken for weeks, but little and often. Return of the fever calls for a return to the restricted diet.

From this brief outline of special case treatment by dietetic methods we deduce that, in inflammatory diseases of the intestines a liquid or semi-liquid, partially digested or very easily digestible food leaving the minimum of residue is to be preferred.

In non-inflammatory diseases of the intestines an easily digestible, more or less solid food leaving a somewhat bulky residue is preferable.

In diseases which give rise to pathological secretions from the accessory glands predigested albuminous foods are best.

In liver diseases very little if any of the fatty or oily substances.

Always begin dietetic treatment at the earliest possible moment, and above all things do not neglect to most carefully supervise and direct this most important part of the treatment.

Responsibility of the Surgeon after Operation.— The Medical *Review of Reviews* cites the case of a suit against the operating surgeon for $25,000 damages for an alleged burn from a hot water bottle, which, it was claimed, the operator's nurse placed in the patient's bed before she had returned to it from the operating table. The defence claimed that the patient was under the absolute charge of the family physician, except during the time that she was on the operating table, and that therefore the operating surgeon could not be held responsible for anything that occurred subsequent to her removal. This view was accepted by the court, and a verdict was returned for the defendant.

SOME INTERESTING KIDNEY CASES.*

BY N. W. EMERSON, M.D.

The following cases are reported for two reasons, one to place them on record (since they seem to the writer interesting enough to be made available for this purpose), the other to show how tolerant the kidney is to manipulation and interference.

Case 1. Mr. J. O'N. aged forty-two years. For two years had had pain in left side which first came on while carrying a barrel of apples up stairs. Has had no vomiting for one year, but for the nine months preceding this year had serious vomiting, attacks occurring every day. If food disagrees with him, he always feels it in the left side. Stool every day. Sleeps badly; has difficulty in getting to sleep. Pain at end of penis on urinating. The urine contained half of one per cent albumen with a great amount of pus; at times almost one-half the volume of urine looks like pus. The microscope showed great quantities of pus cells; a few cells of epithelium from the bladder and renal pelvis; the usual bacteria, and also streptococci.

Examination showed a tumor in the left side extending downward to the crest of the ileum, inward to the outer border of the rectus muscle, and above beneath the ribs. It was hard, movably fixed, tender throughout the lower part, with pain reflected to the end of the penis on pressure. The other abdominal organs seemed normal; the spleen not located. A diagnosis was made of Pyo-nephrosis. Examination of the blood has shown some leukocytosis. He is very pale, wasted, and anæmic looking.

May 10, 1897, the kidney was removed through a posterior incision. It was a large mass filling the whole left side, and was delivered only after considerable difficulty by reason of the lack of room. The peritoneum was not opened.

This patient made a fine recovery and regained absolutely normal health. About two years ago, while in New Brunswick, I met him by chance in the station at Moncton, and he assured me that his health was rugged in every way and that he was then on his way for a hunting trip.

Case 2. Mrs. S. M. O., aged fifty-three years. Operation July 6, 1900. This patient had had a history of long continued pain in the left side, with tenderness. Examination showed a movably fixed tumor which was diagnosed as the kidney. The operation was made by way of a lumbar incision, which showed a badly diseased kidney, and this was removed only under the greatest difficulty. This patient did not do well from the beginning, and the outcome was fatal.

Case 3. Miss O'D., aged twenty-four years. Operation

*Read before the Massachusetts Surgical and Gynæcological Society, June, 1906.

Feb. 11, 1902. For two years she has had continuous pain in the region of the left kidney, with evening temperature and flushing of the face. There were absolutely no urinary symptoms. Examination showed only a tenderness in the left side over the kidney. An exploration was made, and upon exposure of the kidney a needle was inserted which came at once into contact with a stone. The kidney was split sufficiently to allow a finger to be introduced and through this opening, under the guidance of the finger, a stone was removed. The wound was drained, and the patient made an entirely satisfactory recovery.

Case 4. Mrs. W. B. A., aged twenty-nine years. Operation Aug. 25, 1904. This patient was unusually well until Dec. 14 preceding, when she had an acute cystitis from some unknown cause. She could not stand or sit; she had frequent urination and constant strangury. She felt swollen in the region of the bladder and was in bed eleven weeks. At time of operation there was frequent and scanty urination with an evening temperature. The bladder was thickened and pus could be seen coming from the right ureter. The bacillus tuberculosis was found in the urine. Examination discovered an enlarged right kidney, somewhat movable. She was very tender throughout the whole right side, and through the vagina the right ureter could be distinguished. A diagnosis of tubercular kidney had been made and this was confirmed by the operation.

A wide incision was made through which the kidney and two-thirds or three-fourths of the ureter was removed. She stood the operation well under all the circumstances, yet her condition was such that I felt it better not to attempt to remove all of the ureter, which was my original intention when the operation was begun.

She made a splendid recovery. A letter from her dated Jan. 25, 1906, says: "I am sure you will be glad to know that I am very well now, my side being wholly healed and giving me no inconvenience in any way. Except that I tire easily, I feel as well as I ever have."

Case 5. N. L., aged forty-seven years. Operation Jan. 9, 1905. The family and personal history were negative. Had been sick two years, the pain being always in the left side, extending down the course of the ureter to the bladder. He used to have acute attacks, but during the last two weeks the pain has been constant. He has been unable to work for a year. Pain at times extends down over the hip to the bladder and into the testicles. Frequent urination, at times bloody. For five or six days past has had diarrhoea. Examination showed no tumor, but exquisite tenderness over the left kidney and down the course of the ureter. The kidney was exposed by lumbar incision and split sufficiently to admit the finger, after a fine needle had discovered a stone in the pelvis. Through

this incision one large and a number of small stones were removed. The patient obtained immediate relief from the former symptoms and made a most satisfactory recovery.

Case 6. Mrs. A. M., aged fifty-eight years. Operation Oct. 2, 1905. Always well until the first child was born. Has had three children and one miscarriage. Menstruation began at fifteen and was always regular, although painful. No bladder difficulty; not constipated. Ever since the first child was born she has had pain in the left side of the abdomen, and at times there is a lump there about the size of a goose egg. These attacks come on from getting cold; sometimes has had a year's interval; each attack seems worse; the present sickness began about three weeks ago and she has been in bed about a week. Examination shows a fluctuating, irregular tumor in the left half of the abdomen, slightly movable. A diagnosis of pyonephrosis was made. Through a median incision above the umbilicus a cyst was tapped and about a quart of pus drained off. Then the peritoneum was split and the collapsed tumor was removed. The abdominal wound was closed and drainage established by a lumbar incision. Her recovery was satisfactory and uneventful.

Case 7. Mrs. E. M., aged thirty-four years. Operation April 25, 1906. This case was very interesting because five years ago she was sent to the Massachusetts Homœopathic Hospital in my service. A diagnosis had been made of tubercular kidney, but I could not demonstrate it, nor could the pathological department, and she was dismissed without operation. She has, however, been an invalid ever since. Latterly she has been having an evening temperature, sometimes as high as 102 degrees; and each day a large amount of pus (estimated by her physician as a cupful) has passed. The odor of the urine is very foul.

Last January a well-defined tumor developed in the left side, which however disappeared upon the passage of a large amount of pus with the urine. At times the left side is very tender.

Examination showed a hard tumor in the left half of the abdomen reaching from the crest of the ileum up under the ribs, which was somewhat sensitive to manipulation. After much consideration I decided to make a posterior opening, hoping thereby to keep outside of the peritoneum. This was done, and a large fluctuating tumor of the left kidney was demonstrated. It was adherent everywhere. After beginning its enucleation, it was found very difficult to separate the growth from its adhesions under the diaphragm, and the last rib was removed in order to give sufficient room for delivery. It was finally enucleated and delivered, but the tissues at the hilum were so infiltrated and condensed that it was well-nigh impossible to demonstrate the ureter and the adjacent vessels. The

tumor was eventually removed satisfactorily, and the cavity left behind filled by collapse of all adjacent tissue and the wound partly closed, to the bottom of which a large double rubber drainage tube was inserted. She took the anesthetic (oxygen and chloroform), bore the operation well, and came from the operating room in remarkably good condition. Upon opening the tumor after it was removed a remarkable stone was found occupying the pelvis of the kidney.

Her temperature the evening following the operation was 97, pulse 88; and the next evening temperature was 98 3-5, pulse 100. On the evenings of the third and fourth day, the temperature was 98, but the pulse had risen higher. The following morning the temperature was sub-normal to 97, with a pulse of 110. The first twenty-four hours after the operation she passed 24 ounces of urine; the second twenty-four hours, 18 ounces; and the third twenty-four hours, 47 ounces. The urine then began to be scanty and infrequent, and she became unconscious with a rapidly ascending pulse and temperature, and died on the eighth day after the operation, her temperature reaching nearly 107 and her pulse 150.

I am inclined to think that her death was due to the fact that too much was undertaken at one operation. Had I been content to remove the stone, and used free drainage into the tumor, I believe it would have been possible to have successfully removed the growth later. There was no healthy kidney substance on that side, and for a long time the other kidney had been doing all the work. In another similar case I should certainly endeavor to do the operation at two sittings.

Case 8. Mrs. A. S., aged twenty-four years. Has had one child, now two and one-half years old. Less than two months ago was operated on (in another State) for the removal of cystic ovary. She has had severe pain in the left side, always in the same place, and so severe that for a long time she has spent three days of each week in bed. It was a severe, dull pain, as if it would "tear the side to pieces." After an attack of pain she was very sore in the left side and felt the weight of clothes. No pain on urination.

On entering the hospital she was put to bed and kept under observation for nearly a fortnight. Her temperature was very variable, from 97 4-5 in the morning to 102 2-5 in the evening, and the pulse fluctuating between 72 and 112. There was a very perceptible tumor filling the left side, and tender on palpation. She was very pallid and anæmic.

On April 8th last, through a lumbar incision, the tumor was exposed and was found to be an enormously enlarged kidney. This was opened with the expectation of finding a stone, but none was demonstrated. The kidney was dilated, sacculated and full of pus. With the finger, drainage was made free, and

all the pockets within the kidney were opened so that easy drainage was established, and a large double rubber tube was introduced. Temperature improved at once after the operation, the pulse gradually grew better, and at the end of ten days her temperature became, and has remained, practically normal. The pulse fluctuated more than is usual under normal conditions, but grows better all the time. The first twenty-four hours after the operation she passed only fifteen ounces of urine, and was in great pain and constantly nauseated, with vomiting. The second twenty-four hours she passed twenty-seven ounces, and thereafter there was no urinary trouble. Her general condition has steadily improved and the wound is still open, and another operation will be soon undertaken for the removal of the kidney.*

Besides these cases, there have been operated twenty-one cases of movable kidney by the operation of lumbar fixation or nephrorrhaphy all of which have been successful.

Such a small group of cases is hardly enough from which to draw general conclusions, but more and more is the writer impressed with the fact that the kidney is a very tolerant organ, and is probably as susceptible to successful surgical intervention as are any of the other vital organs of the body.

Discussion.

Dr. J. Emmons Briggs.—This paper is one of unusual interest, inasmuch as it has to deal with a subject which is a very vital and interesting one. I shall have to speak offhand on this subject, without any notes of operations which I have made, but in the first place I wish to say that I think in my experience I have had two deaths—I may have had more. One was a very interesting condition, the first case I ever saw of the kind. It was a woman who entered the hospital in emergency. She had all the symptoms of general peritonitis. She presented no history of any special interest, as she was a dispensary patient and had not been carefully watched. When she entered the hospital the abdomen was distended and she was sensitive all over the abdomen. No diagnosis was made, but the abdomen was immediately opened. We found free pus in the peritoneal cavity, and I began to search in the region of the appendix, as being the most probable cause of the condition. Not finding anything wrong there, the pelvis was explored. There was nothing abnormal. In searching the left lumbar region we found a large calculus of peculiar irregular shape. On further exploration we found a sinus, leading directly into

*Since writing the above the patient has improved so much that the intimation of the last sentence above is wrong. The wound is closed, the patient has practically entirely recovered, and so far as can be judged no further operation will be necessary. The tumor on the left side has disappeared and the kidney cannot be found on palpation.

her kidney. It was a case of rupture of a nephritic abscess which had taken place and resulted in this general peritonitis.

In operating on this case we found it necessary, as free pus was pouring all the time from this area of induration, to remove the kidney. The patient died within twenty-four hours from suppression of urine, which was consequent upon the over-taxed condition of the kidneys.

Another case of death from a kidney condition was one which came about from accident. It was a perfectly clean operation, and had been made, I think, about two and a half weeks—anyway, the patient was just about to sit up. She saw her friends, and said she was feeling finely, and died almost immediately, while engaged in conversation. This was found by autopsy to be a case of pulmonary embolism.

I have had cases where every symptom has pointed to stone in the kidney, and I have cut in and found the stone. I have had other cases where every symptom has pointed to a condition of this kind, where I have made exploratory incisions and have been unable to find any stone present.

A strange thing, however, is to be observed in these cases where exploratory incisions into the kidney are made for a condition simulating stone, *viz.*, that these patients are cured. In other words, all the symptoms they complained of have been entirely relieved by this exploratory operation.

I do not want to take your time further in the discussion of this paper, but I have been greatly interested in work upon the kidney, and it seems to me a good many cases have fallen to my lot.

I have, however, one case under consideration at the present time which is of great interest to me. It is that of a young woman about twenty-three or four years of age with general tuberculosis, in both lungs. She was getting along comfortably, has been to Rutland, has been treated carefully and intelligently by her physicians; she has improved very materially as far as pulmonary tuberculosis is concerned, but about a couple of months ago she began to have a large amount of pus in the urine. There have been chills and rise in temperature and her condition seems to be progressively worse. This case has been very difficult to diagnose, that is, to locate which kidney the pus is from. I succeeded in segregating the urine very successfully and while the segregator was in place I got ten drops from the left, while one came from the right. From the right kidney, where we got one-tenth as much urine, Dr. Watters discovered tubercle bacilli, while in that from the left kidney it was impossible to find any. From that segregated urine Dr. Watters has now inoculated some guinea pigs, and we are waiting to see how they get along.

Dr. Winfield Smith.—I am very much interested in this sub-

ject, and have one or two cases under consideration at the present time. I did not hear the first of Dr. Emerson's paper, so was unable to tell whether he considered the question of new growths in the kidney in connection with these stones.

One thing about the kidney, which is very satisfactory, is the tolerance of that organ toward operation. A few years ago the kidney was a ground not to be approached at all, and it required a man with a great deal of boldness to go into the kidney and bring to our notice the fact that the organ can be explored without much if any danger to the patient. I am thinking particularly now of a case of sarcoma of the kidney. I have operated on two cases, one through the abdominal route for sarcoma of the kidney, and that patient succumbed to the operation, perhaps twenty-four hours after it was made. Another case in which the sarcoma was removed through the loin the patient recovered and went home.

The operation of stripping the capsule of the kidney is giving relief. I believe a great many people would be better and there would be less cases of Bright's disease from pressure of a resistant capsule, if that capsule were removed in the majority of these cases. It is not an operation which requires unusual skill, nor is it hard to bear. The capsule is stripped after making a very slight incision, and the result is almost always good.

I have a case under observation now. The man eight months ago was operated on for sarcoma of the left testicle. There was no healthy tissue in the organ removed at all. He was not advised of the condition, and the result was that he went on in complete ignorance of the removal of the testicle. He supposed he had had a small operation on the left side of the scrotum. About six months after he was leaning on a bed, and his arm slipped off and broke about two inches below the shoulder joint. There was a suspicion of tuberculosis or sarcoma at that time. He had been very secret about the previous operation. It was only after some questioning after putting the arm up in splints that we got a report of the other operation. The interesting thing in regard to the kidney in this case is that there was nothing to superficial examination which would tell that the sarcomatous virus had gone from the left testicle up through the whole body to the left shoulder joint, but later nodules began to be felt in the abdominal region. The lymphatics of the testicle do not communicate with the groin at all, but go directly up to the kidney, and from that region there has been a passage through the lymphatics to the shoulder.

Dr. Chase.—I know very little about the Edebohl operation, although it is of great interest to me. I should like, however, to ask Dr. Smith a question. He has made quite a broad state-

ment, saying that the capsule of the kidney should be stripped as readily as you would an appendix when you come in contact with it. As I understand it, he advised that in all cases. I want to know what is the condition of the patients some time after, whether it is only a temporary relief. I was reading quite a long article in reference to the Edebohl operation, and it discountenanced the operation as a general procedure, saying that in many cases it perhaps gave temporary relief, but in the main it was of no permanent benefit. It claimed that in the large majority of cases the capsule re-formed, which made matters much worse than before.

Dr. Smith.—I will say that there are always men who are anxious to turn backward, and I think this is one of those cases. I can only speak from personal experience. I remember reading this paper, but from personal experience this operation has always been very satisfactory indeed.

Dr. Chase.—I did not quite comprehend your answer. I wanted to ask you how long a time after you observed those cases, and have you had any recurrence of them?

Dr. Smith.—I said in my personal experience they had been very satisfactory indeed. I have observed them a year afterward and several years afterward. I think it is a very good operation. Unquestionably Dr. Edebohl when he discovered this operation was too enthusiastic and claimed too much for it, but in the majority of cases it is a very satisfactory procedure. Dr. Edebohl did not claim that all cases of Bright's disease can be cured by stripping the capsule.

Dr. Bell.—I share the interest of the Society in Dr. Emerson's paper and Dr. Briggs' remarks. Kidney cases are often very perplexing. I had one recently, where it was very difficult to determine whether there was a stone in the left kidney or not. The symptoms were all in the abdomen; there were no kidney symptoms at all; no pus in the urine. There was at one time some blood. It was decided that it was best to wait a while, and then he had more pain and a little pus in the urine. I then proceeded to open the right kidney, and I succeeded in finding a stone in the lower calyx, and the patient has been entirely relieved since from all pain.

There is a question in dealing with these cases concerning the hemorrhage, whether we shall use sutures and of what they shall be made. My practice has generally been to suture with fine black silk, yet I share Dr. Briggs' objection that it is non-absorbable, and I know that he has had success with cat gut. So far I will say that I have had no trouble in using silk, and it is generally used in England.

The question of nephrorrhaphy is one that interests me very much. Last year I had a patient who was over sixty years of age, whom I had treated conservatively for ten years with

bandages, but finally having both kidneys floating, and her general health failing, I advised an operation. I made the usual operation and the patient has been in excellent health ever since. We have modified the method of suspension with success, using two suspension sutures running lengthwise of the wound, of Pagenstecker thread. These pass through the muscle and skin at each end of the wound, and several times through the capsule in each side of the kidney, and are removed in fourteen days.

GLEANINGS

Rotation of Service.— In Medical Record for December 23, Thompson arranges the arguments for rotation of service as opposed to continuous service by the hospital staff. The latter plan, more common in Europe than here, gives to one attending physician a certain number of beds or ward, for which he will be daily responsible during the entire year. Some arrangements against this and in favor of rotation of service are given as follows:

"For the interns, students, and nurses it is a distinct privilege to have an occasional change of visitant, who introduces new methods or teaches them new theories. For the chronic case it is often an advantage to have another visitant examine it with a fresh interest, and for the acute medical case, it matters little which of several visitants happen to treat it, all being presumably competent. (In one of the largest of the metropolitan hospitals, the average stay of all medical patients in the wards is only 11 days.) For the visitant a rotation of service is an advantage, for may he not learn from his colleagues, and is he not less apt to fall into perfunctory methods of routine? I would go further, and say that for the hospital it may even be an advantage, in rotation of service to secure occasionally a visitant who has had experience part of the year in some kindred institution. I have personal knowledge of many important reforms which have been thus extended from one hospital to another."

Improvement in Sanitation.—We are glad to know that Dr. Coplin, the new director of Public Health and Charities in Philadelphia, is strenuously working for the better observance of the existing sanitary laws in force in that city. He has directed his efforts, among other lines, toward increased cleanliness and sanitation in street cars. Inspectors have been appointed to watch the various lines throughout the city and to report to him, not only individuals who may infringe any of the laws, particularly those concerning expectoration, but also to report the name and number of the conductor having charge of the car, and telling whether he made any attempt to prevent such infringement. If such attempts were made in our own city, we would doubtless find these means of public conveyance kept in a far neater condition than they are at present.

Transferring of Moribund Patients.—Much dissatisfaction has recently been expressed by the chairman of the Board of Coroners at the practice, not infrequently followed in New York, of transferring moribund patients from one hospital to another in order to keep the mortality statistics as low as possible. Energetic measures will be taken to prevent such actions.

EDITORIAL

Books for review, exchanges and contributions—the latter to be contributed to the Gazette only, and preferably to be typewritten—personal and news items should be sent to The New England Medical Gazette, 80 East Concord Street, Boston; subscriptions and all communications relating to advertising, or other business, should be sent to the Business Manager, Dr. WILLIAM K. KNOWLES, 40 Mt. Pleasant Ave., Roxbury, Mass.

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Reports of Societies and Personal Items should be sent in by the 15th of the month previous to the one in which they are to appear. Reprints will be furnished at cost and should be ordered of the Business Manager before publication.

"A" LAW OR "THE" LAW?

"The breadth of a man's view" says a modern aphorist, "may be gaged by his attitude towards the superlative." Exclusiveness and finality are hall marks of unfinished growth. As a man's horizon widens, his speech learns caution. His realization grows that to-day's word on any matter is not the last word. His certainty deepens that we live in a world of mutabilities and relativities; that the Absolute is not a thing of now and here, but of an ever receding tomorrow. He learns to claim for nothing that it is, in its field, the one and only thing; he may claim it is a positively useful, a relatively valuable thing, but never that it is the perfect, the all sufficing, the changeless thing. The changing yesterdays teach him modesty, as he confronts the morrows.

To this same rule, the honest homœopathist does not and cannot stand as an exception. He is the exponent of a therapeutic system; he is a therapeutic specialist, indeed, because he alone, among medical practitioners, believes the rule of similars to be the most frequently effective rule of drug-prescribing. When this rule of treatment was promulgated by Samuel Hahnemann more than a century ago, its efficacy, its beneficent mildness, the steady foothold it offered amid the very dangerous quicksands of contemporary medical practice, made enthusiastic, not to say impassioned partisans of its adopters. His famous aphorism, the foundation-stone of homœopathic practice, reads "Similia Similibus Curentur." This does not mean, as it is so frequently and loosely quoted

as meaning, "Likes are cured by likes." It means "Let likes be treated by likes." It is not the dogmatic assertion of a law. It is the formulation of a method of treatment. As such it was offered by that very sane and modest scientist, Samuel Hahnemann. As such it is accepted, respected, and demonstrated by the sane and scientific homœopathists of to-day.

The assertion that "Homœopathy is the Only Law of Cure," was perhaps an excusable one, in the dark days of the senseless persecution of the practitioner of homœopathy as a Cheap Jack and a charlatan. One must shout, to be heard amid shouters; one excusably uses exaggerated affirmation in face of a sweeping denial.

But with yesterday, there has passed the excuse of yesterday. It is both unjustifiable and foolish for any medical practitioner of to-day to make the assertion that homœopathy is the "Only law of cure." Plain common sense brought to bear on such a statement instantly shows how untenable it is. If homœopathy is the only law of cure, then—A. Homœopathy must be shown to cure all diseased conditions; and B. No cure can be shown to take place under any treatment other than homœopathic. Are either of these positions tenable for a moment? Does homœopathy cure—we will not say every case it is called upon to treat, but —every curable case it is called upon to treat? Take a case of neurasthenia. Every homœopathic remedy suggested by its symptoms is faithfully tried, without demonstrable effect. Then the patient is put to bed, given no medicine whatever, simply and absolutely rests amid hygienic surroundings, and receives hyper-nourishment; and in a few months goes forth, a well man. One system of cure has failed; another has succeeded; can the system that has failed be upheld as, "the only law of cure"? Take pulmonary tuberculosis, in which for so many years homœopathic and all other treatment failed to check the progress of the disease in an enormous majority of cases. The patient is, to-day, hyper-nourished, rests, and is made to live wholly in the open air. Flesh and strength return, the cough disappears, the patient returns to working life. No system of treatment that failed can, thereafter, be hailed as "the only law of cure." Homœopathy does not dissipate a par-ovarian cyst; a surgeon is called, the trouble disappears. So, pre-eminently, of appendicitis, which for so

long under the names of peritonitis, inflammation of the bowels, and the like, baffled the homœopathist and every other medical practitioner and swelled the death-statistics of every year. To-day ninety-eight per cent of the cases surgically treated are completely cured. So with diphtheria—would an honest comparison of the cases treated by the homœopathic remedy alone, with those treated by anti-toxin, result in homœopathy being acclaimed, "the only law of cure"? Consider the significant statistics of the typhoid epidemic of Australia for a recent period of five years; some hospital cases treated allopathically, show a mortality of 19.49 per cent.; those treated homœopathically, a mortality of 6.96 per cent.; those treated by Dr. Turner of Brisbane, without drugs of any kind, by baths and stimulants, a mortality of 6.69 per cent. This showing certainly does strongly commend the relative beneficence of homœopathy over allopathy in the disease in question; but as certainly, it does not demonstrate homœopathy as "the only law of cure." There is no need to multiply instances. We all recall other instances in which a law of cure—or, more accurately and modestly, a system of treatment—has wrought a cure, where homœopathy and other medicinal systems have failed; electricity has such occasional results to show, for example; and so, however grudgingly it may be admitted, have one and another of the systems of psychic healing. Beyond any possibility of rational counter-claim, it is recognized that there is no "only law of cure," as there is no one road to the salvation of the soul. Scientist and theologian in this new and better day, are sanely, reverently and gratefully recognizing and acknowledging that there is a Power which works alike for righteousness and healing; and that this Power works through many and many a channel, new and old. We call ourselves, and with honorable right, homœopathists, because we act on our founded belief that the homœopathic rule of treatment is the most harmless, the most efficacious, the most frequently helpful rule for all cases in which the administration of drugs seems indicated as the most hopeful curative measure. We call ourselves homœopathists as the electrician calls himself an electrician or the surgeon a surgeon; that those desiring our special method of treatment may know us as its practitioners. We teach homœopathy in special medical colleges because no-

where else can students obtain a knowledge of the homœopathic system of drug administration, its claims and its methods. We claim, and stand ready to demonstrate from past record and present work, that the homœopathic is the most frequently curative, the surest and safest rule under which drugs can be administered to the sick. But in so far as we are first physicians and then specialists, in so far as we aspire to be healers rather than dogmatists, we claim no "only law" as our exclusive possession; we gladly watch and guide the workings of one law, recognizing it as one beneficent channel through which works the Eternal Law, remembering what Boerhaave had written on the walls of his operating room "I dressed his wounds; and God healed the man."

THE INTERNATIONAL HOMŒOPATHIC CONGRESS.

Once again the GAZETTE would call the attention of its readers to the fact that in September, beginning on the tenth and ending on the fifteenth, there will be held at Atlantic City, N. J., the seventh quinquennial international homœopathic congress. It will be the third of its kind to be held in this country, the first having been held in Philadelphia in 1876, the second in Atlantic City in 1891. Once in five years is not very often for the homœopathists of the world to meet for the purpose of discussing subjects of importance to the Cause, of reviewing the past and formulating plans for the future, of interchanging experiences along the practical side of professional life, of giving and receiving scientific knowledge which has been acquired during the interval of separation, of comparing notes, views and impressions which life's work inevitably calls into existence of finding out what is being accomplished, and what modifications of thought and conditions Time is bringing about, in different parts of the civilized world.

The social and fraternal side of such a gathering also must not be lost sight of, and since it is promised that quite a number of delegates from abroad are to be in attendance it behooves Americans, as hosts, to extend, generously and hospitably, the right hand of fellowship to their guests. This can be done only by being personally in attendance at the Congress.

It is only now beginning to be realized how many interests the Congress will include. Having very little administrative machinery and having practically no business to transact, the Congress can and will devote its time to scientific matters. Before many days the preliminary program and official announcement will be distributed, as it is the custom in the Institute to distribute programs a month before a meeting, and the Institute has charge of this duty in behalf of the Congress.

The composition of the Congress will be as follows:

1. The American Institute of Homœopathy.
2. Delegates from abroad.
3. The Surgical and Gynaecological Society of the A. I. H.
4. The Obstetrical Society of the A. I. H.
5. The Ophthalmological, Otological and Laryngological Society.
6. The National Society of Physical Therapeutics.

In addition three state societies are to hold their regular annual business meetings during the week, but merge their other interests with the congress. These are the New York, New Jersey and Pennsylvania state homœopathic medical societies. The International Hahnemannian Association by recent postal vote changed its plans and decided to hold its annual session in Atlantic City a few days prior, so that its members also may be on hand for the Congress.

The American Institute of Homœopathy itself represents for scientific work five bureaus: on Homœopathy, on Materia Medica, on Clinical Medicine, on Pedology, and on Sanitary Science, and to each of these a day has been assigned, the last two to hold their meetings on the same day. These five bureaus plus the Sectional and other Societies make nine departments in which the scientific work of the Congress is to be done. Unusual interest in these departments will be found in the fact that essays from foreign colleagues have been contributed to seven of the nine.

In addition to our own the following countries are to be represented by delegates in person: England, Australia, France, Holland, and Brazil, while Tasmania, Italy, and probably Germany, India and Japan, will be represented by reports and contributions of papers.

The Institute as usual will hold daily business sessions. Aside from routine business, much of which will be exceptionally interesting and important, the Institute will discuss the wisdom of abolishing its single annual volume of transactions and substituting therefor a monthly journal. A committee of energetic men has been at work on this subject and will be prepared with a report, but it will be for the membership of the Institute to decide whether or no such substitution shall be made. The question should not be hastily decided. It should not be settled one way or the other as a matter of sentiment. All the practical and useful features should be considered thoughtfully and with knowledge of the factors involved. The financial side—ways and means—should be intelligently weighed and closest estimates obtained. The scholarly ability and general fitness required of editorial and business ends of the management should be considered. The character of the journal should be definitely decided. Whether or not it shall be simply a publication of transactions in monthly instalments rather than annual form, or if the ordinary journal style be adopted, whether or not the profession has confidence enough in any one man as editor to allow him to speak officially for the Institute and the profession should be carefully thought of. If a journal be voted for, the Institute will make itself sponsor for the advertisements which will be included, and without which no journal lives happily to-day. The question is not a simple one, and those who vote on it should make every effort beforehand to acquaint themselves with the details, the possibilities for good and harm, in short with everything connected with the subject.

The question of holding the annual meetings of the Institute in September instead of in June as heretofore may come up for discussion. The attendance at and success of the coming meeting are factors which will go a long way in deciding the advisability of making such a change.

Various standing and special committees are certain to bring in reports on subjects which will be of great importance to the welfare of homœopathy, and it behooves the homœopathic physicians not only of New England, but of the entire country, to use every effort to attend the forthcoming meeting of the Institute and of the Congress.

SCIENCE VS. YELLOW-FEVER.

New England may never have to face a yellow fever epidemic, but New England has a disease ever present within her borders that has destroyed more lives than yellow fever has ever done and from which a smaller percentage of those attacked recover, but a disease the spread of which can be prevented by the persistent and intelligent use of simple measures, as simple in fact as the measures made use of during the summer of 1905 in the fight New Orleans had to carry on against an epidemic that paralyzed business and destroyed the lives of many of its citizens. It would seem hardly possible that a fascinatingly interesting story could be told of the ravages of mosquitoes, and of the efforts of a big city in fighting for its life by annihilating these small pests. It is a fact, however, that Samuel Hopkins Adams in McClure's Magazine for June has told in an attractive and impressive manner a story which though intended for the laity can be profitably read by the profession. The story tells with convincing detail how three United States Army Surgeons in 1900 performed on themselves and others a carefully conducted series of experiments which conclusively proved that yellow fever is produced by the bite of a particular variety of mosquito.

It tells how recognition of this simple revelation of Science pointed out most logically and definitely the one and only means of terminating the epidemic; of how while some doctors and nurses labored indefatigably to cure cases of yellow fever during the epidemic other doctors with clergymen, sanitarians, local and national health officers, and city officials, aided by intelligent citizens fought patiently, stubbornly and at times even bravely to overcome the cause of the disease, thus striking at the very root of the epidemic.*

That a terrible and fatal disease like yellow fever should be spread by a very small apparently inoffensive insect; that this insect should be but the innocent incubator and transmitter of the virus itself, and that by destruction of the special variety of mosquito the disease yellow fever can be stamped practically out of existence is a real triumph for Science, and an encouragement to those who have to deal not with yellow fever but with an equally easily exterminable disease now known as the White Plague. The value of widely educating the laity and securing the efficient coöperation of the public is exemplified in New Orleans' experience last year with yellow fever.

* "Only the stegomyia species transmits yellow fever and this through the bite of the female. The male is not a blood-sucker. Other mosquitoes do not afford the proper conditions for the development of the disease within their own bodies, and without such development, transmission to the human animal is impossible. The anopheles, which carries malaria as the stegomyia carries yellow fever, and the familiar and savage culex are not allies of Yellow Jack. The stegomyia is as common on and near the southern coast as is the familiar winged nuisance in the northern and western towns."

A B.U.S.M. GRADUATE IN THE ROLE OF ADAM.

It is an odd and interesting position for a man to find himself in—that of giving new and permanent names to many thousands of beings entering on a new life. So we are told, Adam found himself bidden to do, when, as Kipling says, the "world was so new 'n 'all." So, in this later time, a graduate of Boston University School of Medicine is called to do, in a place widely removed from the scenes of his student days. In the process of merging the Sioux Indian nation into American citizens, it becomes necessary that every individual shall receive a name suitable to be borne by an American citizen. Such a name, Dr. Charles A. Eastman, himself born of the Sioux nation, but the possessor of a thorough English education, and holding degrees from Dartmouth College and Boston University School of Medicine, has been delegated by the United States government to select, and bestow upon each individual Indian of the Sioux nation. The task, arduous though it be, has compensating qualities of quaintness and picturesqueness. Dr. Eastman is by all showings, singularly fitted for its able fulfilment.

MEDICAL EDUCATION FOR WOMEN IN CANADA.

The time was, and that not so very long ago, when for women to even think of studying medicine was considered preposterous, unwomanly, unnatural, etc. That day is, fortunately, passed, and it is no longer considered immodest, unsexing, or unnatural for a woman to prove herself quite able to master the mysteries of an unstable, uncertain medical science and art. Co-education also in things medical has proven itself to be not only possible but useful, and medical co-education has recently made progress in Canada. We find in the "Toronto Mail and Empire" for Monday, June 11, that the Ontario Medical College for women has been absorbed by the University of Toronto as a result of reorganization of the University of Toronto and the Toronto General Hospital by legislation which went into effect on June 15. The Ontario Medical College for Women has been in existence for twenty-two years, its first term having commenced in the fall of 1883 with one student in attendance. During the twenty-two years of its existence one hundred and twenty-one (121) students have graduated, many of whom occupy distinguished positions in various parts of the world. A free dispensary was established in connection with the College in 1889, at which some twelve thousand (12,000) patients have been treated. It is believed this charity will be continued by some of the women physicians of the city. The medical faculty of the University of Toronto while declaring

their willingness to educate "female students" feel that it will be necessary to make "suitable provision" for anatomical and other studies. The university, however, is pledged to make the necessary arrangements at an early date. We have been informed that this amalgamation has been brought about through the efforts of Dr. Amelia Johnston, a graduate of Ann Arbor and Boston University. Dr. Johnston, who is an ardent homœopathist, may possibly later be able to persuade the authorities to introduce courses in homœopathic materia medica and therapeutics into the curriculum of the University. In the line of true progress it would not be necessary to establish "suitable" or separate lecture rooms for the purpose.

APROPOS OF MEAT INSPECTION.

It is reported in the daily press that, according to estimates and reports from the Bureau of Animal Industry placed before the House Committee on Agriculture, during the past year there were slaughtered and inspected, in the United States, 7,000,000 cattle and calves, 25,000,000 hogs, and nearly 8,000,000 sheep, a total of 40,000,000 animals, averaging probably 200 or more pounds dressed, which would yield a total of 8,000,000,000 pounds. These enormous numbers, numbers which are simply incomprehensible, do not by any means represent the grand total, because they do not take into account the many thousands of cattle, hogs, and sheep slaughtered in private yards and not inspected; nor do they cover the millions of squabs, chickens, turkeys and game of all sorts, (fish will be omitted from consideration) whose lives are taken that their flesh may form food. All this represents a truly appalling sacrifice of life, but this is not the phase of the subject to be commented on at this time. The fact that a considerable amount of meat is canned and exported is recognized. It is also recognized that more beef is shipped to foreign countries "on the hoof" than in cans; that the canned goods come from large packing establishments; and that probably more pounds of meat are killed by private individuals than are exported in cans. It is also recognized that there are millions of babies, vegetarians and other people who from one or another cause do not get or eat much meat food. It is therefore quite within the bounds of the probable to claim that those who do eat meat consume at least 200 pounds per annum. This is of particular interest and importance in connection with the easily demonstrable fact that meat, having lived, is necessarily more or less charged with physiological wastes, such wastes as are known to be the chief constituents of urine, and that these wastes are toxic substances.

Quite apart therefore from "packing houses" meat must be considered a dirty and unwholesome food! And it is not wandering far into the realms of fancy to suggest that eating so much of this sort of thing may account in a measure, without casting reflections upon our climate, social conditions, or other influences, for the wide-spread prevalence of chronic and unclassified maladies and nervous diseases said to be so common among Americans.

AN OPEN LETTER FROM J. C. WOOD, M.D., CLEVELAND, OHIO.

To the Homœopathic Profession of America:

On the second day of the great San Francisco disaster, President Green of the American Institute of Homœopathy, wired me asking me to solicit funds for the relief of our stricken brothers in San Francisco and California who were the victims of the now historic disaster. In response to President Green's request I immediately appealed to the homœopathic profession through the several State Societies and the Associated Press, and have received to date through that appeal $3,325. Knowing that a local committee could best distribute the fund thus collected, I immediately appointed as such committee Drs. James W. Ward, Wm. Boericke, and C. N. Chamberlain. Of the amount collected, $1,638.50 came through the Homœopathic Medical Society of Philadelphia. I understand that other moneys have been sent directly to Dr. Ward, which did not pass through my hands.

Dr. Ward writes me that the San Francisco College and Hospital will have to be reconstructed and refurnished, and that there is great need of books, instruments, remedies, etc. Nearly all of the transportation companies will carry supplies thus donated to Dr. Ward free of charge.

While the profession has responded liberally, I think that more money ought to be raised. If 10,000 homœopathic physicians in the United States would average $5.00 each, a great good could be accomplished. I therefore make a second appeal through the homœopathic journals in behalf of our unfortunate, but ever plucky, brethren in California. Donations can be sent directly to me or to Dr. Ward, 2401 Scott Street, San Francisco, Cal. In either event a receipt of acknowledgement will be at once forwarded to the donor and a full report made to the American Institute of Homœopathy at its coming meeting.

James C. Wood, M.D.
816 Rose Building, Cleveland, Ohio.

HOSPITAL BULLETIN

The forty-eighth annual report of the Washingtonian Home at 41 Waltham Street has recently arrived.

This institution which, it will be remembered, has as its principal object the treatment of men suffering from the effects of alcohol appears to be thriving in a most satisfactory manner. A satisfactory balance is reported over the expenses of the past year. During the year there have been treated 797 patients, an increase over the year previous of 121. This makes a total number of cases since the incorporation of the hospital of 16,201. It is interesting to note that, of these 797 patients, 104 were suffering from delirium tremens when admitted. The number of single men was 400; the number of married men, 397. Of the total number, 96 were members of the learned professions, 40 being physicians.

The Wesson Memorial Hospital at Springfield, Mass., is nearing completion and when finished is going to be a magnificent structure. It is a large, brick, fire-proof building, beautifully situated on a hill from which it commands an extensive view of the Connecticut Valley and yet is easily accessible from all parts of the city. It is on a tract of valuable land about three and one-half acres in extent, containing some dignified and superb shade trees. The old hospital, a converted dwelling house, is on the same tract of land, on which also a maternity will soon be erected. An electric ambulance is to be installed, and every convenience to do the most modern hospital work is to be supplied. The entire institution, when completed, will have cost about half a million dollars, and will form a worthy memorial to a generous family, besides being a credit to the city of Springfield and to homœopathy.

Out-Patient Department.—The out-patient department of the Massachusetts Homœopathic Hospital is undergoing extensive repairs at the present time, the object being to render the building of even more service to the thousands of patients who congregate there than it has been in the past. Substantial stone floors have been laid throughout the entire main part of the building, including the clinic rooms and stairs. The eye clinic and the surgical clinic will be given just double the amount of space formerly occupied.

The nose and throat clinic will be changed from its old location to the rooms formerly occupied by the kitchen and dining-room of the janitor. All prescriptions for glasses are now filled by an optician located in the building, thereby saving expense to the patient and proving an added advantage to the department. The new method of case-taking and record-keeping gives much satisfaction, and will doubtless be of even greater benefit in the future.

Internes.—Of the internes whose term of service at the Massachusetts Homœopathic Hospital expired July 1, Dr. A. F. Dye has returned to his home in Pennsylvania; Dr. H. L. Lee has taken the practice temporarily, of Dr. Wood in Charlestown; Dr. H. F. Simon is supplying for Dr. Church in Winchester; Dr. Gigger is in Nahant for the summer; Dr. Warren spends the summer season on the Floating Hospital, and Dr. Ordway has located in Jamaica Plain; Dr. Eastman in spending the vacation at home in New Hampshire, and Dr. Holmes is at Wellesley. The new internes at the hospital are Drs. Baker, Starbuck, Hayward, and Eastman of Boston University School of Medicine, Dr. Fifield of New York Homœopathic Hospital, and Drs. Cookinham and Johnson of Hahnemann, Chicago.

Medical Museum.—Within the past few years work has been started with the intention of reconstructing the arrangement of the museum in the Medical School. A new classification has been introduced, hundreds of specimens have been mounted or remounted and relabelled. The work still progresses as time and opportunity permit, most of the departments now being quite well arranged.

Donations or loans of interesting cases, unusual specimens, drawings of rare phenomena, antiquated instruments, or anything suitable for instruction or interest in medicine that may be adaptable for such demonstration, will be welcomed and due credit will be given.

When so desired such articles may remain the property of the sender, and always subject to his wish. Specimens owned by the Museum are loaned to responsible persons in suitable cases when desired for illustrating papers read or descriptions thereon. The Museum is open from about 9 A.M. to 6 P.M.

Emerson Hospital.—The new interne at the Emerson Hospital to succeed Dr. Shadman is Dr. Batchelder of Boston University School of Medicine, '06. Dr. Shadman continues his connection with the hospital as assistant surgeon, and at the same time associates himself with Dr. A. G. Howard of West Roxbury in general practice.

Trull Hospital.—Dr. Ray N. Randall of B. U. S. M., '06, has taken the position of resident physician for the coming year.

Pittsburg Homœopathic Hospital.—Dr. F. S. Morris began his duties as pathologist on July 1, succeeding Dr. F. V. Wooldridge, who will devote his entire time to private work.

Tennis Court.—The younger members of the staff of the Mass. Homœopathic Hospital have made extensive improvements in the tennis court adjoining, and have formed a tennis club for mutual benefit and pleasure.

New Wellesley Sanitarium.—Dr. Edward H. Wiswall is building a new sanitarium in Wellesley, more detailed information of which will be given at a later date.

SOCIETY REPORTS

ESSEX COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

The June meeting of the society was held at the New Fountain Inn at Marblehead on June 20. It was opened at 3.30 by the President, Dr. True. The Secretary's and Treasurer's report having been read, the two papers on the program were then given.

Dr. F. C. Richardson spoke on "Functional Neurosis," bringing out in a very plain and interesting manner the differentiation between Neurasthenia, Hysteria, and Hypochrondriases. The discussion was opened by Dr. True, followed by Drs. Valentine and Gardner.

The second paper was presented by Dr. W. F. Wesselhoeft, and was entitled "Tuberculous Affections of the Joints." This paper showed the advantages to be obtained by combining local treatment with operative procedure. The Doctor referred in particular to the use of strong carbolic acid on the tissues, involving neutralizing the same with absolute alcohol.

This he termed "Liquid Curettment." He cited two very obstinate cases which had yielded most successfully to this method of treatment. Drs. Gardner, True, Richardson and Webster joined in the discussion.

Dinner was then served in the new dining-room, where the members present enjoyed a most bountiful repast.

BOOK REVIEWS

A Primer of Psychology and Mental Disease. For Use in Training Schools for Attendants and Nurses and in Medical Classes, and as a Ready Reference for the Practitioner. By C. B. Burr, M.D., Medical Director of Oak Grove Hospital. Third edition. Thoroughly revised. With illustrations. Pages viii–183. $1.25 net. Philadelphia: F. A. Davis Company.

This book is easily what it claims to be, viz., a primer. It is in fact more than that, for the general practitioner of some experience can read its pages with benefit. Before attempting to define insanity or to discuss the causes and manifestations of mental diseases, the author devotes 42 pages to a brief consideration of the principles of psychology from the standpoint of the biologist. He might with profit to his readers have given even more space to the development of the nervous system and its functions.

Concise descriptions of the various forms of insanity are offered in a little over ninety pages and about forty pages are devoted to the "Management of Cases of Insanity from the Medical —and from the Nursing Standpoint." The author makes use of the essentials of the classification of Kraeplin as adapted by Diefendorf, and retains as far as possible the psychologic analysis of symptoms used in previous editions of the work. He speaks with the confidence of the experienced alienist and his instructions as to the management of cases are based upon his individual knowledge observation and experience. The treatment he recommends is of the comprehensive sort, including all possible influences for good (except the law of similars) used in the modern hospital for the insane, and his advice to avoid just as far as possible the use of hypnotic drugs will meet with general approval.

BOOKS RECEIVED

Pocket Manual of Homœopathic Materia Medica. By William Boericke, M.D.

Forty-eighth Annual Report of the Washingtonian Home.

History of the Boston Floating Hospital.

Ultra-Violent Photomicrography. Dy Drs. Ernst and Wolbach.

Urinary Symptoms of Belladonna.

Headache of Belladonna.

Action of Belladonna upon the Right and Left Sides of the Body. By H. P. Bellows, M.D.

Laws, Ordinances and Regulations for the Practice of Medicine in New York State.

Dangers in Curetting the Uterus. By Dr. Thomas E. Chandler.

Abbott's Alkaloidal Digest, with Suggestions for their Clinical Application. By W. C. Abbott, M.D.

A Compend of Operative Gynecology. By Drs. Bainbridge and Meeker.

Etude Radioscopique de la Fonction Respiratoire. By le Dr. Leon Vannier.

OBITUARY.

THADDEUS E. SANGER, M.D.

Dr. Thaddeus E. Sanger of Littleton, New Hampshire, died at the Massachusetts Homœopathic Hospital, Boston, on June 6, last. He was taken there for a serious surgical operation, which at first seemed to have been successful, but at the end of a few days the heart, which for years had been weak, failed and ceased to act, stimulants having little effect.

Dr. Sanger was born at Troy, Vermont, in 1832. He graduated from the Homœopathic Medical College of Pennsylvania in 1856, and located at Hardwick, Vermont. In 1858 he removed to Littleton, New Hampshire, where he practiced until the time of his death. He was the pioneer homœopathic practitioner in that part of the state. For many years he was a member of the New Hampshire Homœopathic Medical Society, in which society he served as president and in other official capacities. The Connecticut Valley Homœopathic Medical Society was organized under his efforts, and he was its first president. For many years he was examining surgeon of the United States Pension Bureau. Dr. Sanger was a mason and had taken the highest degree in that fraternity. In 1856 he married Ianthe C. Kneeland, who survives him. Dr. Sanger also leaves two daughters, Lillian E., wife of F. E. Green, and Catherine E., wife of Charles B. Henry of Lincoln, N. H. One daughter, Ellen I., wife of Dr. E. K. Parker, died in 1898.

Always a loyal adherent of Homœopathy, and meeting much opposition during the early years of his practice, Dr. Sanger's success soon gave him a high reputation in both schools of medicine, and he was frequently called in consultation by physicians of the dominant school as well as by those of his own. He was for many years a subscriber of the NEW ENGLAND MEDICAL GAZETTE, and there was probably no better read physician in New Hampshire than Dr. Sanger. His period of practice, fifty years, was longer than that of any of his colleagues who began when he did. Dr. Sanger was a public-spirited citizen and was held in the highest esteem in the community where he lived. His death is a great loss not only to his family and patients but to the State and the profession.

PERSONAL AND GENERAL ITEMS

DR. EDITH M. PHELPS, B.U.S.M., 1900, is about to locate in Delaware.

DR. AND MRS. O. R. CHADWELL of Jamaica Plain report a very pleasant vacation among the lakes of New Hampshire.

WE regret to learn that while playing a game of tennis recently, Dr. H. M. Emmons slipped and sustained a fracture of the arm.

DR. R. T. JOHNSON of Brooklyn, N. Y., made a brief visit to Boston, and renewed old friendships at the Mass. Homœopathic Hospital recently.

AT the fifty-first annual meeting of the Illinois Homœopathic Medical Association, Dr. Nancy E. Hanks, B.U.S.M., was elected vice-president.

As a result of much thought and consideration, the faculty of McGill University, Montreal, will probably extend the present length of the medical course from four to five years.

Dr. Adaline B. Church, B.U.S.M. '79, and for some years professor of Gynæcology at the School, has removed from Huntington Avenue to No. 2 Commonwealth Avenue, Boston.

Dr. B. F. Byam, who has just finished his service at Grace Hospital, New Haven, locates permanently in West Haven, Conn., where he will enter general practice.

Dr. H. B. Cross and Dr. Albert H. Tompkins, both of Jamaica Plain, are out of town for the summer, their patients being under the professional guidance of Dr. Chadwell.

The faculty of the Cleveland Homœopathic Medical College will certainly be much strengthened by the return of Dr. J. C. Wood and Dr. H. H. Baxter, the latter to the department of Materia Medica.

Cards have been received announcing the marriage of Mrs. Louise Hopkins Taylor of the class of 1906, B. U. S. M., to Mr. Ralph Meeker of White Plains, N. Y.

Dr. J. P. Sutherland has recently returned from a short trip to New York in connection with his duties as secretary of the International Homœopathic Congress. The Doctor and Mrs. Sutherland will spend part of the summer at their farm in New Hampshire.

It is with much pleasure that we are able to report the convalescence of Dr. Nelson M. Wood of Charlestown, who has for the past few weeks been in the Massachusetts Homœopathic Hospital very seriously sick with meningitis.

In order to commemorate the International Homœopathic Congress of '06, the Homœopathic Publishing Company of London, England, has decided to make a special reduction in the price of its Dictionary of Materia Medica and Repertory, of which Dr. J. H. Clark is the author.

Dr. Charles Gatchell, who has for some years served most acceptably as secretary of the American Institute of Homœopathy, has been compelled to temporarily relinguish that office for personal reasons. His place has been taken by Dr. J. Richey Horner, the acting secretary.

In the June state board examination in Pennsylvania, Dr. F. S. Morris, who has been working for the past six months in the pathological laboratory of Boston University School of Medicine, received the highest percent awarded, an average of 98.

On July 4, the Queen's Medical College building at Kingston, Ontario was almost entirely destroyed by fire. This involved a loss of all the apparatus and pathological specimens, including the complete destruction of the bacteriological and public health laboratories. An inadequate amount of insurance will be received.

A special train will be run from Chicago for the accommodation of the doctors who wish to attend the International Congress of Homœopathy at Atlantic City next September. Address Dr. Gilbert Fitz-Patrick, 100 State Street, or The Clinique, 70 State Street, Chicago, for particulars and reservations.

Dr. R. H. Davies, B. U. S. M., 1903, now medical examiner for the Travelers' Life Insurance Company at Hartford, Conn., made a brief visti. to Boston and his Alma Mater recently. Dr. Davies devotes his entire time to life insurance work, in the interest of which he travels extensively throughout the entire continent.

Professorship of Homœopathic Practice.—It is a pleasure to read in the *London Homœopathic World* of the successful attempts being made to establish a professorship of homœopathic practice in memory of Dr. J. C. Burnett, the eminent English physician. While the amount desired has

not yet been entirely received, the amount that has come in is so great as to justify the expectation of success in the very near future.

Dr. A. G. Schnable, a graduate of Cleveland Homœopathic Medical College, '06, has been appointed professor of Pathology, Histology, and Bacteriology in that institution. It will be remembered by those in attendance at the Chicago meeting of the American Institute of Homœopathy that Dr. Schnable had charge of a most creditable educational exhibit from the Cleveland school.

According to the Semaine Medicale, the town of Haigen in Prussia is considering the advisability of naming certain streets after well-known living physicians. In the discussion that accompanied this consideration, one speaker expressed his disapproval of the idea on account of the fact that the streets, the names of which were to be changed, all led to the cemetery.

Dr. R. Montfort Schley and Dr. Alice E. Rowe, B. U. S. M. 1893 both members of the medical staff of the Gowanda State Homœopathic Hospital, Gowanda, N. Y., were married June 28, in Newtonville, Mass., at the residence of Mrs. F. A. Waterhouse. Dr. and Mrs. Schley at home at Hospital, Gowanda, N. Y. The Gazette extends congratulations and best wishes for many years of happiness.

Tuberculosis in Germany.—Since 1875 it is reported that there has been a decrease of thirty-eight per cent in the number of deaths from tuberculosis. This is supposed to be largely due to the intelligent method employed in that country for the suppression of the disease. There are now thirty-six sanitaria in operation, and during the last four years over $9,000,000 have been spent in the attempt at its reduction.

Late in June we were pleased to have an opportunity of renewing our friendship and acquaintance with Dr. Alberta Boomhower-Guibord, B. U. S.M., '99, of Washington, D. C. Coincident with this visit we saw in the medical press that a graduate from Boston University School of Medicine received the highest mark at the recent state board examination held in the District of Columbia, and it was a pleasure to learn that the person receiving this mark was Dr. Boomhower-Guibord.

Dr. W. A. Ham has opened an office at 21 Maverick Square, East Boston, where he will give particular attention to the practice of obstetrics and allied conditions. Dr. Ham, who has had a large experience in this subject for the past five years at the Hull Street Medical Mission, will have to assist him Miss Nitti, a nurse who has also done a large amount of work in the same institution. The Doctor's office hours are from 10 to 12, and he will continue to keep his office in Dorchester, as heretofore.

That homœopathy has staunch and active adherents in England is demonstrated by the strenuous efforts that certain physicians are making in their campaign of education in London. A post-graduate course in the practice of homœopathy was given at the London Homœopathic Hospital during May and June last. Lectures, demonstrations and clinics were held daily and were in charge of such well known men as Drs. Dyce Brown, J. H. Clark, Dudley Wright, James Johnstone and others.

An unusual and flattering distinction has been given to the book on "Diseases of Children," by Drs. Taylor and Wells, which was recently published by Blakiston's Son & Co. of Philadelphia. It has been translated in the Italian by Dr. Mario Flamimi, of the Pediatric Clinic of Rome, assisted by Prof. Concetti and Dr. Valagussa. This translation is proving to be a very successful one, and seems to be one of the signs of the times that American writers are being received at their true value in other countries. We heartily congratulate the authors and the publishers who have produced such an acceptable addition to American medicine.

The Department of Public Health of the city of Colorado Springs, Col., reports that during the quarter closing March 31, 1906, but one case of scarlet fever (outside infection) and one case of diphtheria have occurred in the city. During the last quarter in 1905, two cases of contagious disease were reported, one of which came here from Hartley, Ia. This gives three cases of contagious disease chargeable to this city between the first of October, 1905, and the first of April, 1906, a period of six months and the portion of the year when contagious disease is most prevalent. For a city of 32,000 inhabitants, over 7,000 of whom are in the public schools, this is a record that may very justly call for rejoicing and congratulation.

An interesting book by Dr. G. Frank Lydston of Chicago will be issued shortly. It is based on experiences in the early days of California.

Medicals tudent (4th year) would like position as companion, or as doctor's assistant. Would take a doctor's practice for a limited time. Has had two years' dispensary work. Address K, Box 76, North Easton, Mass. or Telephone 11-5 North Easton.

There is a good opportunity for some doctor to rent the office of the late Dr. Henry R. Brown of Leominster. Apply to Mrs. H. R. Brown, 51 Pearl Street, Leominster, Mass.

For Sale — $4000 practice for sale in one of California's delightful valleys. Collections, 95% No opposition. Reason for selling, wish to devote year to post-graduate study and practice a specialty. Full information by writing M. S. Keliher, M. D., Lompoc, Calif.

OPEN LETTER FROM CLEVELAND.

To the Editor:—

Your editorial in the July issue, entitled, "Status of the Boston University School of Medicine among American Medical Colleges" does an injustice to the present efficiency of teaching in the Cleveland Homœopathic Medical College, at least, in not stating that the percentages of failures of graduates, as given in it, are for the 1904 State Board Examinations,

This fact is distinctly stated in the Report of the Council on Medical Education of the American Medical Association which is the authority from which you quote. A closer examination of the statistics upon which this report is based will show also that the rating of the colleges in the United States is based upon the percentage of failures of all graduates who took examinations in 1904, *not the* 1904 *graduates*. The percentage of failures of the Boston University School of Medicine graduates of 1904 was 4.08 as against 2.7 for all graduates; for the Cleveland Homœopathic Medical College graduates of 1904, 22.7 as against 35.7 for all graduates.

In explanation of the high percentage of failures of the Cleveland college it should be borne in mind that the 1904 class was the first which was compelled to take an examination in this State. It should also be noted that there have been no failures among our 1905 and 1906 graduates and that one of our 1906 graduates attained the highest average of the 204 candidates who appeared before the Ohio State Board at its June examination. Cleveland, Ohio, July 18, '06.

Hudson D. Bishop, M. D.
Sec. Curriculum Committee.

THE NEW ENGLAND MEDICAL GAZETTE

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ORIGINAL COMMUNICATIONS

SOME OBSERVATIONS ON THE CAUSE AND TREATMENT OF HAY FEVER.

BY IRVING TOWNSEND, M.D.

It is not the object of this paper to give an exhaustive review of the etiological theories or methods of treatment propounded by the numerous authorities whose writings fill the pages of our somewhat voluminous literature, but merely to call attention briefly to some essential points concerning the causes and to emphasize some of the modern ideas which are being advocated in the treatment of hay fever.

Bostock's essay published nearly one hundred years ago was the first important contribution to the literature of hay fever, and since then this subject has been the storm center of scientific investigation and controversy, and is likely to remain so until our knowledge has become definite and complete. The symptom complex is so characteristic and presents such a clear-cut picture to the mind of the casual observer as to justify a hope for the discovery of some form os specific treatment. We find on the other hand an examination of the writings of those who have studied this subject from almost every conceivable point of view, discloses such a great diversity of opinion regarding the etiology as to indicate the apparent futility of therapeutic efforts. It is obvious that successful treatment must be predicated on the fullest possible knowledge of the etiology as a whole, as well as an appreciation of the causative factors which obtain in the individual case. For practical purposes we may roughly group these cases into four general classes, *viz.*, those in which the neurotic element apparently predominates; those in which a general systemic condition (lithæmia and similar states arising from defective metabolism) predominates; those in which there are definite local lesions such as polypi, septal spurs or ridges, hypertrophies, etc.; and lastly those in whom the paroxsym is excited by or closely related to the presence of pollen in the atmosphere. While this classification is to some extent defective, it is of considerable value in affording a basis for determining the line of treatment to be pursued, but it must be borne in mind that all of these factors may be present in a given case and indeed it is difficult and often impos-

sible to determine at first which of them is dominant. Typical cases of the neurotic type in which the paroxysms exhibit all the features of a vaso motor reflex in that the onset is sudden and the interval free from symptoms other than those of nervous depression often experience immediate relief and immunity above a certain altitude or during a sea voyage. Again, there are districts where some cases are immune and others unaffected during a single season; while the following year no relief is obtained. The influence of heredity as a predisposing cause is unquestioned, and in a large percentage of cases we find a history of some neurotic manifestation in other members of the family. Haig Bishop and others who have studied this subject extensively attribute hay fever to an excess of uric acid in the fluids of the body. Bosworth claims that some intranasal abnormality always exists as an exciting cause. Price Brown traces the outbreaks to an antecedent hypertrophic rhinitis. Kyle concludes from the results of rather extensive research in the etiology of hay fever that an important causative relaxation exists between the chemical reaction of the saliva and nasal secretions and diseases of the mucosa of the upper air tract. Cases are cited in which changing the reaction of the nasal mucus from alkali to acid promptly relieved attacks of hay fever. He believes that a study of the nasal secretions (the saliva is the same in reaction and more readily studied) in a patient suffering with hay fever will often suggest treatment which will relieve the disease. In common with other special branches of medicine, rhinology has suffered a certain measure of disrepute in consequence of the extravagant and misleading statements of its votaries, and by the wholesale sacrifice of intranasal structures as taught and practiced some years ago, and to a lesser extent to-day. The concurrence of hay fever, asthma, and nasal polyps, has been so long observed as to prove the occasional causative relation of the latter. Pressure from deformity or growth of some kind, inflammatory swelling or œdema and hyperæsthesia are conditions to be sought for as possible causes of reflex disturbance. Formerly much stress was laid on the presence of certain supersensitive areas within the nose, where, independently of any perceptible lesion or change in appearance of the mucous membrane, the terminal nerve filiments were unduly responsive to the slightest irritation. This theory was the basis for the treatment very properly designated by a recent author as the "electro cautery fiasco," which in the hands of some of its over-zealous advocates led to disastrous result.

Francis reports brilliant results in asthma from cauterization of the septum opposite the anterior end of the middle turbinate. In his recent announcement the number of cases were 543, of which 316 were completely relieved, 188 more or less relieved, 24 results negative, 15 lost sight of.

Nodes or thickened patches of inflammatory infiltration are sometimes found in the location mentioned, and when present are so highly sensitive that the merest touch with a probe causes immediate symptoms of a reflex nature. These spots are found less frequently in other parts of the nose, and naso-pharynx. This

region is the one most exposed to friction by contact with the opposite structure (the middle turbinate at its anterior end) and from this fact most likely to be the seat of local inflammatory action and thickening of the membrane. Is it not reasonable to suppose that any existing hyperæsthesia may result from the pressure of an inflammatory exudate or the resulting fibrous contraction on the terminal nerve filiments? In a considerable number of cases we find material lesions such as polypi or hypertrophies in constant contact with the septal walls, and in most of these subjects suitable operative measures will effect a cure. Disease of the accessory sinuses, particularly the ethmoid cells, is not infrequently present and may or may not be associated with polypoid degeneration. Removal of the anterior half of the middle turbinate and breaking down and drainage of the cells is the first and most important procedure in the treatment of such cases. Contact between a ridge on the septum or an hypertrophied inferior turbinate is a condition not infrequently observed, and when present encroaches on the breathing space, causing a most distressing stenosis. Submucous resection and other operations on the septum are very popular at this time, but for very practical reasons better results are obtained in my judgment by removal of *a portion* of the inferior turbinate. The septal scar after removal of a spur or ridge is apt to be the seat of unpleasant dryness and often the formation of crust. On the other hand the more vascular structures of the turbinate renders the healing process more rapid and a healthy secreting membrane is formed over the wound.

Germicides, such as bichloride of mercury, carbolic acid, quinine, etc., were employed at one time on the theory of microbic origin, but of late years have been practically abandoned. Cocaine, so confidently heralded as a remedy for hay fever, has long been discarded because of its injurious effects on the nervous system and the danger of contracting the "drug habit." It should only be used for diagnostic and operative purposes. Adrenalin has fallen short of being the specific that its early advocates expected, but in a large majority of cases it is very useful in contracting the swollen and engorged tissues, relieving stenosis and lessening irritability and hypersecretion. Occasionally in the 1-1,000 solution, its action is irritant, but when diluted with two or three volumes of salt water, this difficulty may be overcome. I have recently used stovaine in a one per cent solution in combination with the above with very gratifying results.

Kyle's theory, previously alluded to, is that a subacid condition of the nasal and buccal mucus resulting from faulty elimination, is attended by an excess of ammonium salts in the secretions. He claims to have demonstrated the truth of this hypothesis in several cases by rapidly changing the reaction to acid and thereby warding off an attack.

Dunbar of Hamburg has been conducting a very interesting series of experiments along the line of serumtherapy. He succeeded in isolating a toxin from the pollen of certain grasses and plants capable of causing hay fever in those who were susceptible, while it is inocuous in others. An antitoxic serum was prepared by a series

of animal inoculations which antidotes the disturbance caused by the toxin and when used in hay fever modifies or relieves the paroxysms of the disease itself. The experience of Dunbar and other observers in this country and Europe justify the expectation that the antitoxic serum, (perhaps in some modified form) will prove a valuable adjunct to our therapeutic resources in the treatment of hay fever. Of the homœopathic remedies employed, the most useful have been bellad., ambrosia-artimisiæfolia, camphor, gelsenium, and arsenicum iodide.

In estimating the value of any method of treatment the following facts should be borne in mind. The varying atmospheric conditions from one season to another. The influence of suggestion must be eliminated and the experiments to be conclusive must be continued for several years and include a considerable number of patients.

FUNCTIONAL NEUROSES*

BY FRANK C. RICHARDSON, M.D.

In conference recently with one of our leading practitioners, he stated that in his opinion there was "nothing in the world the matter" with the patient under consideration, and that he had advised him to "hire somebody to boot him around the square." Yet this patient was hypochondriacal as a result of well-marked neurasthenia of toxic origin. This is a single instance illustrative of the very general misconception which exists concerning the nature and importance of most of the functional neuroses. Because the patient presents no evidence of organic disease it is too often considered that the symptoms complained of are purely imaginary, as such to be best treated by a general denial of their existence, and an effort to persuade the patient that "there is nothing in the world the matter." It is believed that a better understanding of the subject of non-organic nervous diseases would teach us that the assertion "there is no pain; all sickness is but error" is as irrational as applied to functional neuroses as to those of organic origin. How often in these days the vagaries of nerve stimulation incident to our artificial lives lead to woful conditions of nervous instability in which nerve cells and their connections become irritable, functionate too much or too little, and give rise to all sorts of jangled messages; pains, numbness, tingling, sensations of cold or heat, morbid thoughts, tears or laughter without tangible physical basis or visible adequate cause. To tell these patients, because they have no organic disease, that there is nothing the matter with them, is not only unjust and cruel to them, but a display of regrettable misapprehension on the part of the physician. The majority of these pains and disagreeable sensations are not imaginary and controllable; they exist, and it is this lack of comprehension so frequently found, that is in considerable measure responsible for the conscious or sub-

*Read before the Essex County Homœopathic Medical Society, 1906.

conscious exaggeration of symptoms by patients who know they are sick and fear they will not receive the sympathy and consideration which they deserve.

While a comprehensive treatise upon functional neuroses is entirely beyond the scope of this paper, it has seemed possible and desirable to briefly review the possible etiology and explain the symptoms of some of the commonest functional disorders of the nervous system. The usually accepted definition of a functional disorder is a condition in which there can be found no anatomical or structural changes to account for the symptoms; and it is implied that the symptoms in such cases are due simply to an alteration of function. Modern medical science tends to the belief that all disturbance of normal function has for its physical basis some structural or chemical change, however transient this may be. Untiring investigation is being carried on for the purpose of demonstrating these changes, but with our present means of research no definite conclusions have been reached. But while the laboratory has as yet furnished us with no positive data concerning the morbid anatomy of these functional neuroses, clinical observation has enabled us to determine some of the factors which bring about alteration of function, and by studying the clinical features resulting from these causes to arrive at a reasonably accurate classification, at least from an etiological standpoint.

It seems fair to assume that a large proportion of the functional neuroses loosely characterized as "nervousness" or "nervous prostration" may be classified as neurasthenia, hysteria, or hypochrondriasis. Of these groups neurasthenia will be found in a very large majority of cases.

Neurasthenia, hysteria and hypochrondriasis are often used as synonymous terms. This is especially true of the first two, and the idea seems somewhat prevalent that neurasthenia is a new name for hysteria; it is not so, though it seems more than likely that many of the cases we now know as neurasthenia were formerly grouped in the class hysteria. While each of these conditions forms a distinct entity, it should be borne in mind that they do not always exist alone, but frequently combine, though generally one or the other predominates. In their essential qualities, however, as drawn from a complete clinical picture of each, they are dissimilar.

These conditions are so inadequately dealt with in many of the text-books in current use that perhaps no apology is necessary for introducing to your notice a few points of differentiation.

Briefly, it may be said that neurasthenia consists of an exhaustion of the nervous system, and the mind nearly always manifests this; in hysteria there is deficient will control and increased reflex irritability; whereas hypochrondriasis is a peculiar mental attitude of exaggerated introspection.

Distinguishing clinical features may be noted in the *onset* and *course*. Neurasthenia starts somewhat gradually and runs a fairly even course of moderate duration. Hysteria is essentially a paroxysmal disorder. All phenomena (healthy or morbid) vary from hour to hour, day to day, and nerve storms are frequent. Hypochron-

driasis starts very gradually and runs a very even course of most indefinite duration. In the *general symptoms*: we find in neurasthenia occasional attacks of vertigo or syncope. Convulsion never. Vaso-motor disturbance frequent. In hysteria seizures of different kinds frequently arise, a great variety of symptoms occurring in the paroxysms. In hypochrondriasis no attacks of any kind.

In neurasthenia the patient is easily tired, easily startled. A state of debility and exhaustion. Constant headache. Restlessness. Sleeplessness. Atonic dyspepsia frequent.

In hysteria between the attacks no symptoms may be present, but symptoms referable to the nervous or neuro-muscular system may arise, as anesthesia, paralysis, and contracture.

In hypochondriasis the digestion if often deranged, but in the patient's belief he has some grave disease either of the alimentary tract, abdominal viscera, vascular or respiratory system or head.

In neurasthenia hemianesthesia rare. Hyperesthesia and dysesthesia, common. Pain in the back and sometimes in limbs. Reflexes may be increased, or diminished, or normal. In hysteria hemianesthesia and other anesthetic zones very common. Hysterogenic zones, tender spots under the mammæ, in iliac regions and other places. Reflexes increased. Borborygmi, globus, and other spasms of the involuntary muscles are frequent. In hypochondriasis small and insignificant symptoms are endowed with great and perhaps lethal significance. The patient tries an endless succession of remedies and doctors; always striving for a cure (which distinguishes hypochrondriasis from the hopeless and suicidal tendencies of melancholia).

No one questions that a prerequisite of the successful treatment of any disease condition is an observance of the time-honored admonition "tolle causam." This is especially true of the functional neuroses under consideration. Indeed removal of the cause may in many cases leave little else to be done. An appreciation of these causative factors and their mode of operation is, therefore, of the greatest importance.

Although somewhat heretical, the opinion will here be asserted that every alteration of function not due to organic disease is directly dependent upon vaso-motor disturbance. Many and varied causative influences may be responsible for such disturbance, but in angiospastic or in angio-paretic phenomena we must find the explanation of most if not all of the symptoms found in connection with functional disorders. When we remember the close association of the nervous and cardio-vascular systems—the control which the nervous system exercises over all the organs of the body through regulation of their blood-supply becomes at once apparent, and it is clear how far-reaching in its effect would be any derangement of this cardio-vascular nervous system. The flushing and pallor of the skin resulting from vaso-dilatation or vaso-constriction, is visible to the eye. It should be remembered that the same flushing and pallor take place in the various tissues, organs, and internal parts of the body. It is by the relative amount of blood entering an organ that its nutrition and its functions are regulated; and if the flushing or pallor of an

organ takes place irregularly or at the wrong times, its functions must be upset and its nutrition will soon become impaired. The reflex muscular irritability so noticeable in some cases—the restlessness, muscular twitchings and startings, the want of control over the legs and general nervousness—may well be accounted for by irregular flushings or pallor of the spinal cord. The rapidity and irregularity of the pulse, palpitation, sighing respiration, prostration, feelings of swelling or actual swelling as in angio-neurotic œdema, the various paresthesiæ, tingling, heaviness, feeling of bursting, etc., may all be accounted for by erratic vaso-motor control.

The disagreeable feeling of sinking through space, rushing, swaying, dizziness, or vertigo and the like, may well be accounted for by irregular flushings or pallor of the semi-circular canals and structures around; in the same way as the increased flow of urine which follows the paroxysms which are met with in some cases may be explained by flushing of the kidneys and splanchnic area. The various cerebral symptoms such as confusion of thought, loss of memory, irritability, insomnia, bad dreams, morbid ideas, lack of concentration and a long list of others may be due to angio-neurotic disturbance. The potency of vaso-motor instability in the causation of the phenomena of functional disorders will then be apparent, but what of the various influences productive of such instability?

Modifying somewhat Savill's classification which appeals to one as simple and at the same time comprehensive, we may enumerate as exciting causes of functional neuroses:

1. Toxic blood states.

These may be hetero-toxic, introduced from without, either in the form of a toxin evolved from a specific microbe, as that of influenza, or as direct toxic substance, as alcohol; or auto-toxic, brought about by toxic substances manufactured within the body, as, for example, those resulting from prolonged digestive disorder and constipation.

This group might be termed toxic neurosis:

2. Malnutrition of the nervous system which arises in various debilitating conditions (malnutrition neurosis).

3. Over-functioning or fatigue of the nervous system (fatigue neurosis).

4. Emotional shock, or strain; and traumatism.

It should be borne in mind that given an inherent weakness of the nervous system any one of the conditions enumerated may act as a predisposing cause of a functional neurosis really excited by one of the other conditions. For example, an anæmic, badly fed child with deficiently nourished nervous system may not develop neurasthenia unless the child be overworked at school, and it is now the overfunctioning of the nervous system which forms the determining factor.

Turning now to the question of toxic blood conditions, it is worthy of note that a large proportion of the cases which come to us for treatment may be attributed to auto-toxæmia. In spite of the advances made in recent years in our knowledge of the chemico-vital changes which take place in the body, we are still very much

in the dark on this subject. Nevertheless, we know that in the elaboration of the products of digestion various substances, such as uric acid, normally absent, or present in the blood only in small amount, may, when in excess, have an evil effect upon nerve structures. Furthermore, there can be no doubt that digestive disorder results in defective metabolism and the pouring into the blood of a large quantity of imperfectly elaborated and toxic products. Constipation is capable of acting detrimentally in the same way, owing to the reabsorption of many materials intended for excretion. Bad food or a dietary containing an excess or a deficiency of certain articles, even without indigestion may also produce functional neurosis in persons otherwise predisposed.

General malnutrition is more often met with as a predisposing than an exciting cause of neurosis. You have no doubt seen many cases of general debility which have for a long time been unaccompanied by any nerve symptoms until a severe bereavement or too much brain work has induced their occurrence.

Indeed it is noteworthy that general malnutrition appears incapable, as a rule, of acting as a cause alone.

Neurosis due to over-functioning or fatigue is brought about through exhaustion of the nerve cells. This illustrates the principle involved in the so-called Edinge's law, namely, that increased function, if regularly and gradually increased, leads, first of all, to increased growth; but if carried to excess, and especially if irregular and spasmodic in the increase, it leads to atrophy and degeneration of the structures concerned, and if perpetuated leads to overgrowth of surrounding structures. Fatigue neurosis is an all too common result of our present day competitive lives.

How an emotional strain produces neurosis is not quite so easy of explanation. It may be said, however, that the effects of intense emotion are often very much like those of exhaustion or over-functioning; and both are capable of producing complete generalized weakness, (prostration, collapse, or shock), of a more or less transient kind. Both seem to paralyze the motor cells, and if this be so, why should not the same effect be produced upon the non-motor cells of the brain, cord and sympathetic systems?

In the now familiar traumatic neurosis it is quite certain it is not the injury itself, but the shock or fright produced by the injury or incident circumstances which really produces the disease. In cases coming into this class there will usually be found as a perpetuating factor some contributing cause, not infrequently the annoying influences of impending litigation.

Such are the chief causes of functional neuroses which must be sought for and removed before a cure can be hoped for.

While in most of these cases of functional derangement there is no danger to life, the inconvenience and the suffering these patients undergo is sometimes very great and their relief is urgently called for.

The amenability to treatment of the three conditions which we have considered differs widely. It must be remembered that in hysteria the patient is born with a neuropathic diathesis which lasts a lifetime; but the active manifestations come on suddenly and, after

varying duration, usually disappear. Their recurrence can undoubtedly be greatly modified and many times arrested by a proper regulation of the life and habits of the patient.

Hypochondriasis, whether resulting from prolonged hysteria, or when it exists a priori, is very difficult to eradicate, and if of long duration or in elderly people is practically incurable. Neurasthenia is essentially a chronic affection which usually starts gradually. Its course, when modified by treatment, may be prolonged over many months, broken by numerous periods of temporary improvement or exacerbation. It has a great tendency to relapse, which is aggravated considerably by the habit these patients have of leaving off treatment as soon as they feel a little better. The chief fear is lest they should drift into hypochondriasis or insanity; and if the cause of the neurasthenia be continuous, and there be an hereditary taint of insanity, the prognosis assumes a very serious aspect.

Speaking in general terms the prognosis of functional neuroses depends chiefly upon three conditions—the age of the patient, the duration of the cause, and its removability. As has been intimated the results of treatment will depend largely upon the correction of the underlying fault.

In auto-toxæmic cases a dietary should be carefully selected in accordance with the needs and digestive ability of the patient. Free elimination should be secured by way of all the natural channels. Through the bowels by correcting existing constipation. Through the kidneys by copious draughts of water. Through the skin by exercise and daily bath and rub-down. Through the lungs by the practice of deep breathing.

"Fatigue neurosis" is perhaps the most difficult to manage. Overfunctioning might, at first thought, seem to be an easy matter to regulate, but experience teaches that the so-called rest cure is applicable to but a small number of these cases. For an active business or professional man to suddenly cease all occupation and devote his time to introspection is in most cases little short of suicide. At all events rest will seldom be found in idleness. Far better is it for him to so modify his business or professional pursuits as to alternate work with exercise, rest and recreation in due proportion, according to his ability and needs as determined by his medical adviser. This method prevents the oftentimes dire results of discouragement incident to "giving up."

Simply removing the cause is not, however, always sufficient for the cure of these patients with deranged innervation. Their erratically functionating nerve centers must be restored to a condition of stability as well as strength. The re-establishment of rhythmic habit, which is the fundamental principle of all normal function, must be secured. This can best be done by persistent education. These patients should live by schedule, carefully prepared by the discriminating physician and enforced, if necessary, by the intelligent attendant.

A way to do everything and everything done that way; a time for everything and everything done on time should be the explicit orders. It is often surprising how readily and completely the most

unstable nervous system will respond under these conditions, and the result will amply repay you for all the effort it is sure to cost.

The subject of internal medication may be dismissed with the time-honored admonition to prescribe according to the indications as they present.

Although I realize that the treatment of this subject has been desultory and incomplete, if the paper serves to in any measure impress you with the importance of understanding functional neuroses, and has helped to elucidate any of their problems, its preparation will have been worth while.

SURGICAL ANESTHESIA. OBSERVATIONS ON ITS PRODUCTION AND HINTS TO PREVENT UNFAVORABLE AFTER EFFECTS*

BY FREDERICK P. BATCHELDER, M.D., BOSTON, MASS.

In this country surgical anesthesia is most commonly induced with one of the two chief practical anesthetics—ether or chloroform; to these may be added also an auxiliary nitrous oxide, all being taken by inhalation. The writer will make no attempt to discuss spinal anesthesia since its production is attended by a greater degree of risk than is the anesthesia by these other methods. Moreover, its scope is so limited that it is of no avail in a large number of operations in the upper part of the body, upper extremity and head. In this enlightened country of ours its use upon refined and sensitive woman must be exceedingly limited, for, according to observations of a very eminent Boston surgeon, the full consciousness of the patient to surroundings and the full knowledge of all operative procedure in most capital operations far overbalance the good results anticipated, thus rendering general anesthesia and unconsciousness pre-eminently superior in all respects. For anything less than capital operations this particular method seems to the writer unwarranted.

It is but little more than fifty-nine years since Morton gave his memorable public demonstration of ether at the Massachusetts General Hospital. Nearly all the improvements in administering ether have been made within the last fifteen or twenty years, while those pertaining to chloroform anesthesia appeared somewhat earlier, notably brought out by Junker and some of his contemporaries.

Since in the invitation received from your Society the writer was requested to speak particularly of methods which would obviate some of the unfavorable after-effects of anesthesias, reference must first be made to any and every effort toward obtaining the maximum effect with the minimum dose of anesthetic and the maximum allowance of air. Within certain general limits it must be admitted that the effects and after-effects of anesthetics, other things being

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equal, are in proportion to the strength of the dose and the proportionate duration of the administration. Search where we will, call in any measures and all measures possible, and we are compelled, first of all, to consider as the most potent factors in both producing and modifying the after effects.

First. The judicious selection of the kind of anesthetic adapted to the case, and, second, the best possible administration of the same.

Regarding the selection of the anesthetic, or, better still, the propriety of giving patients an anesthetic, it has been the writer's privilege in a number of instances to advise delay in an operation until the patient has properly recovered from a cold or a mild bronchitis or other temporary indisposition. If, on the other hand, the patient be suffering from some menacing condition, like a strangulated hernia, or fulminating appendicitis, or ruptured tubal pregnancy with hemorrhage, then, of course, the severity of the pathological condition far outweighs the point just mentioned. I have no definite statistics at hand, but we must admit that the observations of all surgeons and physicians show that the large majority of all surgical operations must be classed as operations of choice and not of necessity. Possibly one-fourth or less of all surgical patients are in need of operation on the day the case is first seen. Let me cite a single instance in illustration:

A woman nearing the climacteric had a very large multiple fibroid tumor of the uterus. For several months she had been flowing most profusely and protractedly and at the time I was first asked to express an opinion she was in a profoundly anemic and exhausted condition. I very naturally hesitated to assume the responsibility of ether anesthesia under those circumstances. Moreover, it was possible to take her from her existing surroundings and place her where she could have absolute rest, the maximum of nutrition, with an abundance of good air and sunshine in one of the pleasant hospital wards. It seemed well worth her while to try the effect of a recuperative treatment before such a hazardous operation was undertaken. Well do I recall the marvellous transformation in her facial expression, the improved color of her lips, ears, and finger-tips; in fact, she seemed alike a new woman at the end of six weeks or two months. When operation was undertaken by the abdominal route anesthesia was induced without incident. She bore well the anesthesia and extensive abdominal operation, and if the writer remembers correctly, was given oxygen and ether as an anesthetic. Her recovery was practically without incident. Had the anesthesia and operation been undertaken in her first condition the odds would have been very largely against her.

Another instance illustrates the importance of choosing the right anesthetic where the patient's condition warrants no delay in the operation.

A little child, perhaps eight years of age, had been ill for a few weeks, carrying a constant elevation of temperature, had an acute bronchitis or bronchial pneumonia and a subsequent purulent pleurisy. The one pleura was nearly filled with pus and the related lung compressed into a small mass. According to instruction I proceeded to conduct ether anesthesia, the little one resting on the lap of her physician. Everything went well for a minute or more, when she began to show slight cyanosis which progressed exactly in proportion to the amount of anesthesia administered. Presently she was scarcely able to breathe at all and was getting literally black in the face. It was absolutely necessary to temporarily suspend the ether and allow her an abundance of fresh air. Upon her color clearing she was again given ether with a repetition of the same experience, but each breath was attended by an increased amount of rattling in the

bronchial tubes. While she was in this unconscious state she was quickly transferred to the operating table and with very little preliminary preparation, an incision was made directly in the pleural cavity. A stream of pus was quickly ejected a distance of at least six or eight feet. Further use of ether was quickly attended by cyanosis in varying degree.

Without taking too much time, another instance might be cited quite in contrast where as the result of observations and with the permission of the surgeon in charge, chloroform was administered to a similar case, an adult who had previously suffered from a rupture of the lung tissue in an attack of empyema to such an extent that the purulent fluid worked into the bronchi on that side and also the bronchi of the other lung, and where at one time life was thought to be extinct, since she was practically drowning in her own purulent fluid. Persistent efforts led to her gradual rallying and in two or three days chloroform was administered with the maximum allowance of air. The anesthesia and operation were conducted without the slightest trace of cyanosis or respiratory embarrassment or any other complication, and in due time she returned to her home a happy, grateful patient.

Another instance was where a metacarpal bone was undergoing tubercular ostitis and needed to be exposed and curetted. The patient had a bad family history and at the age of eighteen was not only showing these osseous tubercular manifestations but had occasional attacks of so-called bronchitis. Ether was administered, as was customary, and the writer well recalls the copious outpouring of mucous from the entire respiratory tract early in the anesthesia and this persisted throughout with a variable degree or cyanosis, despite all measures. The entire duration of the anesthesia and operation was about twenty minutes, but it required twice as many days to get the young lady over the after effects of the anesthesia, since she had a very persistent subsequent bronchitis. Some weeks later, owing to her poor reparative powers, it seemed necessary to again expose and curette the diseased bone. This time chloroform and not ether was administered allowing the maximum of air. Anesthesia and operation were conducted without special incident, and the after effects were trifling compared with those in the first incident.

As illustrating a still different phase of this subject, an experience on Dec. 16 may serve a good purpose. The patient, a woman of mature years, had suffered a fall with fracture of some of the bones of the leg about the ankle. Anesthesia was invoked for the purpose of a thorough examination preparatory to adjusting suitable splints. The one who gave the anesthetic commenced with nitrous oxide and ether, as is frequently done in this clinic. After some minutes, when the writer entered the room, the patient was still in a semi-anesthetized condition and further efforts resulted in but little progress. I removed the inhaler for a full glance at the patient's face. It became apparent that she was very likely somewhat accustomed to the influence of alcoholic stimulants and hence the ether vapor operated in a familiar way. Immediate change to chloroform, which drug, by the way, you will recall, resembles opium and not alcohol in its effects upon the system, was followed within two minutes by complete muscular relaxation, and examination was quickly completed.

It may be put down as a good general rule that in persons accustomed even to the moderate use ol alcoholic stimulants success-

ful anesthesia with the minimum of after effects can best be accomplished with chloroform.

I might recite many and various experiences along these and other lines, but these must suffice. How then must one decide as to the best anesthetic in a given case? The *first point* in evidence must be our knowledge of the usual effect of these and other anesthetics upon the various organs and tissues of the body. To *this must be added* our knowledge of the patient's present condition based on a careful physical examination, including preferably analysis of the twenty-four hours urine. The *third point* to assist us in reaching our conclusion must, of course, be the existing pathological condition which necessitates the operation.

In several of the special text-books devoted to anesthesia, you will find numerous and reliable statements along these very lines. Perhaps it may be sufficient therefore to make the following brief statements:

In any existing pulmonary, renal or cerebral condition where the administration of ether must of necessity be attended by increased bronchial irritation, by vaso motor and other changes in the kidney or by an increased cerebral arterial pressure, then of necessity some other anesthetic must be used, notably, chloroform, as this meets these various needs or conditions satisfactorily.

Again, in any existing chronic endocarditis with poor or imperfect compensation of the cardiac muscle, it would certainly seem unwise to subject the patient to any operation other than of real necessity, and in such a case provided no other contraindication exist, ether is much to be preferred to chloroform, especially if supplemented by the coexisting administration of oxygen. By this is meant the administration of oxygen through a separate wash bottle into the inhaler and not through the column of ether, since oftentimes a patient needs a great deal of oxygen and very little anesthetic, and obviously if oxygen be sent through the anesthesia liquid much more anesthetic will be carried over than is needed. This argument will hold good with both ether and chloroform.

Lest there might be misunderstanding on the part of some it may be well to state that chloroform is not necessarily contraindicated in organic heart disease where there exists *perfect* muscular compensation, though ether is preferable. Twice, at least, the writer has administered chloroform in a case of angina pectoris for relief of intense and excruciating pain which would not yield to any of the usual narcotics. In fact, in an intense protracted paroxysm, chloroform was administered to the patient sitting erect, and complete anesthesia was finally obtained and had to be continued for nearly ninety minutes before the evidence of pain subsided and the cardiac and vaso motor conditions resumed their proper state.

Second. The best possible administration of the anesthetic.

It is not within the scope of this paper to treat the minutiæ of the administration of the several anesthetics, but the extended observation of many men in America and Europe compels one to conclude that in justice to the patient and to the anesthetist the anesthetic must be administered in the best possible way in order to

escape the larger part of the unfavorable after effects. Some years since, while assisting in conducting surgical anesthesia with the etherated air inhaler devised by Dr. Packard, at the Massachusetts Homœopathic Hospital, one of the assisting nurses remarked, "Do you know how many of the patients are suffering intensely from after effects, that is, 'after headaches,' nausea, and vomiting?" The amount of anesthesia administered in the various cases was found to run very closely to 3½ or 4 ounces of ether per hour of anesthesia. Careful observations of subsequent cases anesthetized, taken indiscriminately, showed conclusively that they were not having more trouble from after headache, nausea and vomiting, but on the contrary showed a *much smaller percent* of these discomforts than where ether was administered with the ordinary cone inhaler.

Those nurses who have been trained in hospitals where no other method of etherizing than the ordinary cone or cup sponge is employed, deem it almost incredible when they see patients undergoing an hour's anesthesia from ether by any one of the latest improved methods whereby the minimum of ether and the maximum of air is employed and the customary after effects are practically all absent or greatly decreased.

During the past year, by special request, in one of the private hospitals in Boston, anesthesia was conducted by the writer in the case of a young man suffering from recurrent appendicitis where ether only was used with the consumption of hardly 3½ fluid ounces. The patient quickly recovered without headache, nausea, or vomiting. Nearly two months later I was asked to conduct similar anesthesia in the case of the young man's mother, where a somewhat extensive operation was necessary. A limited amount of ether was required, and the patient made an equally rapid recovery with no after effects from the anesthetic.

These I mention, not as rare cases, but as instances showing what is really of somewhat frequent occurrence. We have always to reckon with an unknown element in our patients. Some are much more susceptible to the profound effects of any drug or an anesthetic than are others, and surely in those who give a history of gastric disturbances or sick headache, nausea and vomiting, from any cause, one must expect more or less nausea and vomiting following anesthesia. Again in conditions of fulminating appendicitis with probable peritonitis where the patient had been vomiting for one or two days, or an intestinal obstruction or any pathological condition where there has been extensive nausea, vomiting, etc., subsequent trouble will be more or less continued after anesthesia despite our care. We may occasionally meet people who are as prone to exhibit nausea, vomiting, and headache after ether, chloroform, or other agents, as are some cases prone to show hemorrhage following operation (hæmophilia).

A few recent experiences in nitrous oxide anesthesia show conclusively that it not only is possible but judicious to perform severe or even capital operations under it successfully and without the use of other anesthetics. In a few cases where suprapubic prostatectomy was about to be undertaken by my honored superior, Prof. Horace

Packard of Boston University, the final preparation of the patient and irrigation of the bladder having been done without anesthesia, nitrous oxide anesthesia was induced in perhaps sixty to ninety seconds. The various steps of the operation, including the removal of the prostate, were speedily and successfully carried out and the anesthesia maintained by the judicious admixture by a variable amount of air so that the patients remained relaxed and unconscious until the close of the operation, when, on stopping the anesthesia, they quickly awakened and were practically free from all of the after effects attributed to ether and chloroform, the total time for anesthesia being from ten to twenty minutes according to the special case in hand.

We have in nitrous oxide an anesthetic whose effects are more rapidly produced than are those of ether, and also more rapidly pass away. The very fact of the short time duration favors better and quicker recovery. In selected cases the supplementary use of oxygen during the greater part of the anesthesia will do much toward obviating some of the immediate and remote after effects from both ether and chloroform. During the administration of the oxygen the improved appearance of the patient, the greater warmth of the forehead and extremities, the easier respiration and more favorable cystole of the heart, do much to mimimize the amount of anesthetic required and will accelerate the recovery therefrom. While of the opinion that where one employs in any case either ether or chloroform giving the minimum amount of anesthetic, and the maximum of air, and the patient be fully anesthetized, then necessity for the use of oxygen will be greatly diminished.

The use of oxygen, therefore, in the majority of cases will be a matter of choice, but in that smaller group where the pathological process present necessitates severe and extensive operative interference, the anesthetist will find oxygen one of the strongest allies in maintaining a good condition of the patient during and after operation, and often to an astounding degree obviating all necessity for the hypodermic administration of any drug or stimulant. In such menacing conditions as, for example, intra-abdominal hemorrhage from a ruptured tubal pregnancy, the employment of oxygen as just mentioned on the one hand and the intra-abdominal or intra-venous administration of the normal saline solution will far outweigh in their benefits the effects of drugs.

For many years readers of medical books and literature have from time to time seen mention of various measures adopted either before or after the administration of anesthetics toward obviating the common after effects. What has already been mentioned in this paper would seem to bear out the truth of the old proverb, "An ounce of prevention is better than a pound of cure," and so the question comes, What are the merits of supplementary procedures which we can adopt to forestall some of these discomforts? The hypodermic administration of one or other drugs has been attempted with varying degrees of success. Apomorphia has been given per mouth one or more days before the administration of the ether, or hypodermically during the same with variable or indifferent success. Again, some

have advised drinking very freely of water before the anesthesia, with the hope that this would so wash out the stomach that it would obviate after effects. Others have suggested absolute abstinence, and in some instances this and other methods have given good results and in other cases have failed. Again the inhalation of non-anesthetic vapors has been taken up, this latter with more success than some of the previous ones. In some instances the immediate and continued inhalation of either vinegar or acetic acid vapor has wholly obviated the effects under consideration. A method totally different from these was first undertaken in the writer's observation upon a patient who had previously suffered torture for thirty-six or more hours after anesthesia from nausea, vomiting, fainting, etc. Her remark that she was advised by an expert chemist and pharmacologist to drink freely of water just before taking the anesthetic started a train of thought which led to the modification of that procedure, namely, the use of water by means of a stomach tube *after* the anesthesia was ended. Normal saline is preferable to ordinary water, and in this instance washing out the stomach *wholly* obviated the retching, nausea, collapse, etc., which she had invariably suffered before.

Just a word of caution: It is a simple matter to carry the end of the tube down the aesophagus into the stomach so that a definite portion of the tube is in the stomach cavity, but it is not always quite so easy to determine the degree of distention of the stomach by the fluid poured in; for in one instance the distention of the stomach was attended by slightly blood-tinged appearance of the returning fluid.

We have previously noticed under choosing the proper anesthetic that much depends upon our knowledge of these upon the various body tissues and organs. It may not be amiss at this time to mention the fact that in the administration of a full dose of ether by inhalation, for example, there will be as definite symptoms or effects produced, both primary and secondary as when, for example, we are in a modified way undertaking a study of the effect of belladonna upon the human body. We are well aware that the effects of many drugs are largely governed by the size and repetition of the dose and the same general principle must of necessity hold good here. Those whose experiences are confined almost wholly to surgical anesthesia do not of necessity have the opportunity of studying the effects of the smaller doses of the anesthetic as do those who from time to time administer ether at a dentists, while he performs extraction of teeth and roots, or where one resorts to brief temporary anesthesia for the reduction of dislocations, or in obstetrical cases where the administration of ether or chlorform is resorted to at the latter part of the stage of labor for its brief but beneficial effects.

As an illustration of this a case from a dentist of my acquaintance in our city may be of interest. Apparently by mere accident he became acquainted with a method of ether administration other than the use of the pouring bottle and cone. One of my patients employed him as a dentist and wished to have some teeth extracted. By appointment I met her at his office. Complete anesthesia was quickly

and speedily induced with ether alone, about four drams being used. Several teeth were extracted and in six minutes from the time the anesthesia was started, she was awake and conversing intelligently, having experienced no consciousness of operative procedure and in a short time returned to her home without headache, nausea or vomiting. This experience was a revelation to the dentist, and since that time he has by preference had all his patients anesthetized in this way. On one occasion where he was unable to secure anyone who could carry this out he returned to the cone method and his anesthetist was a good physician in his vicinity. The patient required a much larger amount of ether by this other method and was not fit to leave his office for three hours, whereas, he states, the patients anesthetized by the newer method with etherated air are generally ready to go home in fifteen minutes.

In conclusion, while we must continue our search for antidotes or other means of combating the after effects of an anesthetic whether those be the earlier ones of headache, nausea or vomiting, or the later ones such, for example, as bronchitis or broncho pneumonia following ether anesthesia in cases already suffering from a slight cold, we are compelled first, last and always to consider as the most potent factors in producing and modifying the after effects, on the one hand the judicious selection of the anesthetic adapted to the case, on the other hand, the best possible method of administering the same.

LYCOPODIUM: A PRACTICAL STUDY.

BY P. W. SHEDD, M.D., NEW YORK.

"Lycopodium is used only as a non-adhesive powder for the protection of moist pills from sticking together, and for dusting upon excoriated places—to protect the surface and to prevent chafing; its action in both cases wholly mechanical."—*Reference Handbook of the Medical Sciences.* Here we have the final dictum of traditional medicine.

Let us quote from Copeland's genial article, "In Defense of the Attenuated Drug:" "The sizes of various cells differ greatly but, with the largest we are dealing with a microscopic object. When one begins to estimate the size of a cell, and to compute the number to be found in one human being, he is overwhelmed by the magnitude of his task. In the liver, for instance, the cell ranges in size from seventy to one hundred cubic microns. The micron, measuring 1-25,000 of an inch, it is estimated that a cubic inch of liver contains about 150,000 million cells. Accepting Gantier's estimate that the white of-an-egg molecule contains five or six thousand atoms, and that the liver-cell is four thousand times the diameter assumed for the albumin molecule, the number of living units in a single microscopic liver cell must be placed at above 64,000 millions, and the total number of atoms at about three hundred million millions. It

is not a far cry to state that any drug to be of possible value to such an infinitesimal organism must be presented in most minute form."

And by the homœopathic process of attenuation and succession the "dusting-powder," lycopodium, is transmuted into a potent, systemic, therapeutic agent, due thanks being rendered to S. Hahnemann, M. D., (1755-1844).

We begin with the liver in studying lycopodium and soon discover that the chiefest action of the drug is directly or derivatively based upon the great gland of the organism. If we revert to the medieval doctrine of signatures there is found a curious resemblance between the polyhedral or rhomboid liver-cell and the spherotetrahedral lycopodium spore. Turning back, also, to the theories of a humoral pathology, we observe melancholia (melas, black; chole, bile) attributed to the excess of a secretion solely hepatic, and in the drug pathogeny are found: melancholy, depression, sadness, despondency, anxiety predominant; weakness of memory and confusion of thought; digestive disturbances harking back to hepatic imbalance,—the bile with its natural antiseptic powers is abnormal; fermentative processes, enzymotic or bacterial are no longer held in check, and flatulence, one of the great lycopodium keynotes, develops. The right-sided action of lycopodium further points to its organotherapy (even the renal colic is right-sided). Again, the natural purgative power of normal bile is lacking, and another great keynote crops up in the lycopodium pathogenesis; constipation. The mental processes of the lycopodium patient are dependent upon hepatic function or lack of function, for few individuals with normal hepatic secretions live in a lycopodium mental atmosphere. Perverted metabolism, known as the gouty or rheumatic or uric acid diathesis, goes back to the great clearing-house of the system, the liver, and the red sand of lycopodium (uric acid crystals) which often gives a macroscopic glint to the renal excretion, has no renal but a hepatic etiology. In fact, there are few lycopodium symptoms which are not, directly or indirectly attributable to the hepatic abnormality and the clinician is justified in regarding lycopodium as an organ-remedy.

The characteristic lycopodium face is a liver face, furrowed, wrinkled, sallow, yellowish-gray, eyes sunken and darkly circled. The patient is temperamentally of easy irritability, quickly angered (but not looking for trouble like nux vomica), domineering, imperious, or else sinks into blackest melancholy, forgetful, listless, vegetative.

Objectively, the liver is sensitive to touch; tensive or constructive pains about the hypochondria; ascites may often be traced to the cirrhotic organ and its dropsies are characteristically located in the lower body below the portal-hepatic region, abdomen blooded, legs swollen, ulcers oozing a serum, or, a serous fluid may transude through the epiderm and trickle down.

A peculiar characteristic objective symptom of lycopodium is that one foot, the right, is warm or hot; the other, cold, a feature noted hy Farrington in typhoid, pneumonia, scarlatina.

Lycopodium, affecting so basic an organ as the liver-gland, is

notably adapted to deep-seated, progressive, chronic diseases, and a homœopathic axiom, due to a century's clinical experience, commends the use of a remedy more generally constitutional, such as sulphur or calcarea, before beginning what is practically organotherapy.

With an organ as concerned in metabolism as the liver, epidermal manifestations will hardly be lacking, and we find suppurating varices; vegetation; chronic urticaria; gnawing and itching in the daytime on getting heated, or in the evening before retiring; itching liver-spots; large boils returning periodically; fistulæ, especially about the arms; intertrigo of children, the sore places are humid; corrosive vesicles; great dryness of the skin.

A clinical symptomatology will be of practical value—there are several ways of studying a drug—and under the following index clinicus are grouped conditions (not theories) in which lycopodium is efficient.

Index Clinicus

Amenorrhea: Suppression from a fright; (aconite); great vascular agitation in the evening, or, a feeling as though the circulation had ceased; great desire for sweets (argentum nit.); sour belching; great fulness in stomach and bowels; liver-spots on the chest.

Ascites: In liver disease; from abuse of alcohol; in intermittents; oozing out of water from sore places in the lower limbs without formation of pus; urine scanty, with red sediment; upper body emaciated, lower swollen; one foot hot, the other cold; restless sleep; cross on awakening.

Cephalalgia: Pains chiefly pressive, lacerating; in forehead and temples; with great restlessness and disposition to faint; worse in the afternoon; gastric, bilious and rheumatic headaches. Headache over the eyes immediately after breakfast.

Cerebro-spinal meningitis: Headache with pain extending down the neck; hyperesthesia of the special senses; dyspnea with fan-like motion of alæ nasi (not necessarily synchronous with or even accompanying respiration—the nose may be stopped up); sense of constriction in stomach and abdomen; numb and twitching limbs; dreads to be alone; peevish after sleep.

Constipation: Ineffectual urging owing to contraction of rectum and sphincters; distressing pain in the rectum for hours after stool; excessive and painful accumulation of flatus; red sandy (uric acid) deposit in the urine.

Crusta lactea: (Seborrhea of the scalp): Thick crusts, cracked surface; skin dry; excoriations; worse at night and from warmth.

Cystitis: Dull pressive pains in bladder and abdomen. Urine turbid, milky, depositing a thick purulent sediment of nauseating odor; chronic cases; tendency to calculus formation.

Diaphragmitis: Sense of constriction from the right side all around the short ribs; cannot stretch, lie on the back nor stand erect.

Diphtheria: Fauces brownish-red, worse on the right side (beginning there), worse from swallowing warm drinks. The nose is stopped and the patient cannot breathe with the mouth closed; he keeps it open and slightly protrudes the tongue, giving a silly expres-

sion. On awakening from a nap he is exceedingly cross, or he jumps up, stares about, recognizes no one; great fear of being left alone.

Enteritis: "There exists, in my knowledge, against serious enteritis (mucous) of infants but one really efficacious remedy upon which we may depend. I have the consciousness of rendering to art and to humanity a real service in pointing it out; this medicine is lycopodium (30th)" Teste. The lycopodium organo-therapy and the great comparative size of the liver in infants seem to afford a substantial basis for Teste's clinical note.

Flatulence: Constant rumbling and gurgling in the bowels, especially in the left iliac region; incarcerated flatulence bearing downward upon rectum and bladder; habitually costive. Bloated belly with feeling as if it would burst; belching without relief, but passing flatus downwards ameliorates.

Gravel (especially in children): With much pain in passing the urine; the child howls on nucturating. (Cf. petroselurum, borax.)

Hemorrhoids: Varices protrude, painful when sitting; abdominal distension and rumbling after stool; cutting in the rectum and bladder; itching eruptions about the arms, painful to the touch; grayish-yellow face; depression; frequent urging to urinate, slimy or reddish, sandy deposit in the urine.

Hepatitis: Atrophic form of nutmeg liver. Tension around the hypochondrium as from a hoop; sore aching in the liver region as from a blow, worse from contact. Hepatitis parenchymatosa slow cases; complications with pneumonia; fan-like alæ nasi; one foot hot, the other cold.

Impebigo or pustular eczema: The eruption yields a mild and thick secretion (calcarea); smells badly and favors the growth of lice. (Psorinum).

Menorrhagia: Menses profuse, too long; sad and melancholic before the period. Pains from right to left in the ovarian region. Much borborygmus; frequent twitching of the limbs; flow worse after 4 P.M.

Metrorrhagia: Intermenstrual; the effort to defecate brings on a bleeding; blood partly black, clotted; partly bright-red, partly bloody serum, with labor-like pains; distension of the abdomen in various places, moving about; lumbar pain extending into the thighs; (after 4 P.M., beginning with chilliness; sleep, restless; dreams of) falling from a height; especially indicated in women who habitually menstruate profusely.

Otorrhea: Purulent, ichorous; difficult hearing, scrofulous subjects; after scarlatina. (Nitric acid).

Phthisis: Much pus; gulps it up; cough day and night; hectic fever; circumscribed redness of the cheeks; worse, 4 to 8 P.M.; night sweats.

Pneumonia: Circumscribed redness of the face; sweat without relief; fan-like alæ nasi; crossness after getting awake.

Renal colic: Right-sided; colicky pains in right abdomen extending into bladder, with frequent urging to urinate; brick-dust sediment encrusting the urinal. (Follows nux vomica well).

Rheumatism (and gout.) Tearing pains oftener right-sided,

with or without swelling. In lumbago if bryonia fail, and the pains are worse from the slightest motion. Chronic form in seniles, attended with forgetfulness, vertigo; sour belching; nausea in the early morning; distension; flatulence; constipation; urine dark and turbid or with red sand; dry skin; pain generally worse at night, relieved by warmth.

Syphilis: Secondary; hepetic eruptions and ulcers in the throat, dark yellow-gray; laryngeal cough and hoarseness from similar conditions in the larynx; coppery eruptions on the forehead, cachectic face; on the genitalia, dry pediculated painless condylomata; nightly pains in the limbs, especially the epiphyses, during wet weather. Low-spirited; nervous weakness.

Tubercular meningitis: Somnolency gradually deepening into coma; convulsions either partial or general; child sleeps with half-open eyes; is very restless, throwing its head from side to side; moans and screams in sleep; face pale and cold; neck stiff; body greatly emaciated; costive. A highly important remedy in tubercular affection especially when the head is involved. (Hart).

Typhoid: Sopor; delirium; fear of solitude; restless sleep; very irritable and cross on awakening; violent jerking of the limbs, awake or asleep; yellowish sunken face, or circumscribed redness in the afternoon; tongue red and dry, sometimes spasmodically thrust to and fro; lower jaw dropped; bowels distended, with rumbling and constipation; cold extremities; one foot cold, the other warm.

Uterine Displacements: With chronic dryness of the vagina; chronic suppression of menses from fright (Also opium); incarcerated flatulence; varicose legs; switching of single limbs on the whole body asleep or awake; always very cross after sleep.

Characteristics and Modalities

Person of good intellectual powers but feeble muscularity; lean, sallow; with a tendency to liver and lung troubles. Especially useful in seniles and children.

Urine turbid (or clear) with uric acid crystals; its odor may be vile.

Satiety after a few mouthfuls; food seems to burn to gas.

Great fear of being left alone.

Violent jerking of limbs or body, awake or asleep.

Devilish temper after an uninterrupted nap (nux, if his slumbers are disturbed).

Worse:

- 4 to 8 P.M.; also 4 A.M.
- On lying down.
- When beginning to walk or move.
- After eating oysters.
- From pressure of the clothes.
- From strong odors.

Better:

- On becoming cold.
- From uncovering.

From continuing to walk or move.
From eructations.
From warm food or drink.
From the open air.

Potencies

Sixth to one-thousandth.

Bedside Observations

Throbbing headache after every paroxysm of coughing.

Vertigo in the morning, when rising, and after, so that the patient reels to and fro.

Sees only the left half of an object distinctly.

Nose stopped, especially at night; excessive (chronic) dryness. (Sanguinaria.)

Fan-like motion of the alæ nasi, although the patient may not be breathing through the nose, or the motion may not be synchronous with respiration.

Sore throat beginning on the right side, going to the left, or beginning in the naso-pharynx and proceeding downwards. Fauces brownish-red, worse from swallowing warm drinks; dryness of the tongue.

Hungry, but soon sated; with bloating of the abdomen and rumbling.

Severe pain or backache, better by passing urine.

The urine is clear and colorless (or turbid) with red sand settling down, not adherent to vessel (sepia, adherent.)

Impotence; penis small, cold, relaxed, with or without desire. Said to be useful where twins are in demand.

Cough with salty sputum (4 to 8 P.M.)

Sweat with odor like onions. Pink sweat.

Failure of the sensorium, or memory, especially in old men,—failing brain power (anacardium, phosphorus, baryta, opium.)

Affections of throat, chest, abdomen, liver, ovaries going from right to left; all symptoms worse 4 to 8 P.M.

Exceedingly sensitive to odors, lover of flowers.

Right-sided inguinal or scrotal hernia (especially in children.)

The liver troubles are apt to be atrophic in character.

(Clinia, hypertrophic.)

A lithemic-neurasthenic remedy.

COMPARISON

Lycopodium	Ammonium Mur
Burning between scapulæ.	Icy coldness between scapulæ.
Lean, wrinkled, yellow, seniles, or mild lymphatic, catarrhal.	Fat, sluggish subjects with respiratory troubles.
Cirrhotic (atrophic) processes in the liver.	Chronic congestion of the liver
Abdomen ascitic.	Excessive fatty deposits around abdomen.
Hepatic stitches.	Splenic stitches.
Discharge of blood from vagina after every stool.	Brown, slimy leucorrhea after every urination.

Lycopodium	Berberis
Clear (or turbid) urine with red sand.	Urine with thick mucus; bright-red; mealy sediment.
Constipation.	Diarrhea.
Kidneys secondarily involved.	Kidneys actively involved, with sticking, radiating pain (from motion which brings on or increases urinary complaints.
Lycopodium	**Bryonia**
Predominantly scentless flatus.	Fetid flatus.
Better in open air.	Worse in open air.
Better from combined motion.	Better in wet weather (nux vomica).
Red sand in clear (or turbid) urine.	Urine red, brown, like beer, scanty, hot.
Dryness of throat without thirst.	Dryness of entire gastro-intestinal tract, causing great thirst for cold water.
Lycopodium	**Chelidonium**
Right-sided headache, better from eating.	Ditto.
Desire for warm drinks in digestive disturbances (lycopodium is gen. from cold).	Desire for very hot drinks; the stomach will hardly retain other than very hot beverages.
Extreme hunger, but soon sated.	Gnawing sensation in stomach but no real hunger; all symptoms better after eating.
Skin with yellow spots; yellow-grayish, sallow complexion.	Jaundiced skin.
Burning between scapulæ.	Constant pain under right scapula.
Clear (or turbid) urine with red sand.	Profuse, foamy, yellow urine.
Lycopodium	**Clinia**
Atrophic cirrhosis of liver.	Hypertrophic cirrhosis of liver.
Flatulence—lower abdomen.	Flatulence all over abdomen.
Condition steadily chronic.	Periodic aggravation.
One foot cold, other hot.	One hand cold, other hot.
Better in open air.	Ditto.
Rolling of flatulence.	Ditto.
Lycopodium	**Dioscorea**
Constipation.	Diarrhea (A.M.)
Liver sensitive.	Sharp pains from liver (right lobe) shooting up to right nipple
Has little direct neural action.	Definitely affects the vegetative nerves causing many kinds of pain, especially colic.
Lycopidum	**Eupatorium Perf.**
Chronic, progressive (basically hepatic) disease.	Cachexia from old, chronic, bilious intermittents.
Worse all the time.	Worse periodically.
Chill between 3 and 4 P.M., followed by sweat.	Chill between 7 to 9 A.M., preceded by thirst, with great soreness and aching in the bones.
Better from motion (continued.)	Better by getting on hands and knees (cough).
Lycopodium	**Hydrastis**
Atrophic cirrhosis.	Liver torpid, tender.
Constipation.	Constipation.
Dyspepsia from farinaceous or fermentable food.	Cannot eat bread or vegetables.
Sweat viscid, offensive; varices, indurations.	Tendency to profuse sweats, with unhealthy skin.
Chronic progressive disease.	Pre-cancerous condition.

Lycopodium	Iris
Costiveness characteristic.	Diarrhea characteristic.
Gastro-intestinal canal full of gas; vomiting not notable.	Gastro-intestinal canal burns its whole length; vomiting characteristic and extremely sour, vinegary.
Worse 4 to 8 P.M.	Worse evening and night.
Dryness of mouth and tongue	Mouth and tongue feel scalded.
Uric acid diathesis.	Bilious diathesis.
Lycopodium	**Kali Carb.**
Better from cold; open air.	Intolerance of cold.
Seniles with dropsical lower body and failing brain power (especially men).	Fleshy seniles with dropsical and paretic tendencies (often in women).
Menses too late, too long.	Menses early, profuse (calcarea) or too late and scanty.
Sallow and dropsical, 4 to 8 P.M.	Jaundiced and dropsical, 3 A.M.
Burning between scapulæ after a satisfying meal.	Burning in the spine when hungry.
Lycopodium	**Leptandra**
Stool hard, difficult, small.	Stool profuse, black, fetid.
Piles very painful to the touch.	Bleeding piles.
Tongue dry, cracked, black, swollen.	Tongue coated yellow, or black down the middle.
Urine clear (or turbid) with red sand.	Red or orange urine.
Burning between scapulae.	Chilly sensation in scapulæ and down the spine.
Lycopodium	**Magnesia Mur.**
Cannot eat oysters.	Cannot digest milk.
Tongue dry, swollen.	Tongue feels burnt, scalded.
Metrorrhagia with stool.	Leucorrhea with every stool.
Stool hard, small, difficult.	Stool knotty, like sheep-dung, crumbly.
Diseases of seniles and children.	Diseases of women with chronic indigestion and uterine troubles.
Menses too long, scanty or profuse.	Menses too short, scanty.
Better from cold.	Worse from cold.
Better in extended posture.	Better in contracted posture.
Lycopodium	**Mercurius**
Face sallow, furrowed, yellow-gray, liver spots	Face pale, earthy, dirty-looking, puffy.
Mouth dry without thirst.	Mouth moist with thirst.
Costive.	Diarrheic.
Skin generally dry.	Skin almost constantly moist.
Desire for open air, cold.	Patient very sensitive to cold.
Menses too late, too long.	Menses profuse, with abdominal pains.
Lycopodium	**Nux Vomica**
After sleep: cross, irritable in dry weather.	After a nap if unbroken, in damp weather.
Right-sided inguinal or scrotal hernia.	Inguinal or umbilical hernia.
Nose stopped up.	Nose stopped up at night and out of doors.
Menses too late, too long.	Menses too early, long, always irregular
4 to 8 P.M.	in the morning.
Lycopodium	**Phosphorus**
Constipation.	Stool, long, narrow, difficult, or a painless large debilitating diarrhew. Diarrhea predominates.
Burning between scapulæ.	Ditto.
Uric acid diathesis.	Tubercular diathesis.
Menses too late, too long.	Menses too early, scanty, and too long.

Cirrhotic liver.	Fatty degeneration of the liver.
Appetite for sweets. (Argentum nit.)	Aversion to sweets (Graphites.)
Better from warm food.	Better from cold food.
Rheumatic and gouty symptoms.	Paralytic symptoms.
Skin ulcerative, itching, varicose.	Skin ecchymotic, purpuric.
Fan-like alæ nasi.	Ditto.
Muscular debility.	Nervous debility.
Apoplexy more frequent than paralysis.	Paralysis more frequent than apoplexy.
LYCOPODIUM	PODOPHYLLUM
Costive.	Diarrheic.
Burning between scapulæ.	Pain between scapulæ.
4 to 8 P.M.	In early morning.
Teeth very painful to the touch.	Desire to press, grind the teeth together.
Tongue dry, cracked, swollen.	Tongue large, broad, moist.
Atrophic liver.	Torpid liver.
LYCOPODIUM	SEPIA
Cirrhotic liver.	Torpid liver.
Liver-spots.	Ditto.
Acts directly upon hepatic metabolism.	Acts upon the portal system with venous congestion.
Dreads soltitude.	Ditto.
Red sand in urine, non-adherent.	Red adhesive sand in urine.
From cold, uncovering.	From cold, uncovering; a "chilly" remedy.
Menses too late, profuse.	Menses too late, scanty.
Burning between shoulders.	Coldness between shoulders.
Sour vomit predominates.	Bitter vomit predominates.
Taciturn.	Loquacious.
LYCOPODIUM	SULPHUR
Predominantly an organ-remedy (hepatic).	Predominantly a general, constitutional remedy.
Desire for sweets.	Ditto (argentum nit).
Heavy red sediment in urine.	Muco-purulent urine.
4 to 8 P.M.	11 A.M.
Right-sided.	Left-sided.
Menses too late, long.	Menses too late, short.
Constipation.	Constipation, but more characteristically diarrheic (A.M.).
Polyuria at night.	Ditto.
Sitting erect.	Sitting erect.

IN marked contrast to the recognition of homœopathy in America is the following extract from the *British Medical Journal* as quoted by the *Homœopathic World*.

British Medical Journal,—Sidney and New South Wales branch.

Resolved that homœopaths should not be met in consultation; that consultation with homœopaths is inconsistent with membership of this branch of the British Medical Association; and that early steps be taken to alter the articles of association accordingly.

OPHTHALMIA NEONATORUM.—J. C. Edgar gives decided preference to two per cent silver nitrate solution in routine treatment of eyes for ophthalmia neonatorum, after having given a fair trial the organic salts, such as protargol, etc.—*Archives of Pediatrics*.

PRESIDENTIAL ADDRESS.*

BY S. H. CALDERWOOD, M.D., ROXBURY, MASS.

It is a time-honored custom for the president of this Association, in order that his shortcomings may be forgotten, to give you a few moments of sleep at the conclusion of the annual banquet. I shall depart from that custom only by proving upon you a remedy with a much more marked hypnotic power.

First, I want to talk with you a few moments about Boston University School of Medicine. You all know that as one of the results of the expulsion from the Massachusetts Medical Society of a few members, upon the charge of practicing homœopathy, conduct unbecoming and unworthy of honorable physicians and Fellows of that Society, this department of Boston University was organized, and in 1873 opened its doors to men and women for the teaching of medicine in all of its branches, including homœopathic therapeutics. The first class could be counted upon the digits of one hand; four fingers and one thumb; four men and one woman. There were seventeen professors. The only ones now remaining are Professors Walter Wesselhoeft and Edward P. Colby. I will leave it to your judgment as to whether their conduct has been unbecoming and unworthy of honorable physicians.

In the *Boston Medical and Surgical Journal* of Nov. 1, 1854, there appeared a letter relating to the death of Bishop Wainwright of New York under homœopathic treatment. The letter is lengthy and I will quote only the conclusion:

"How long will quackery rule in high places? Homœopathy has seen its best days in New York, and though the iniquity still abounds, the love of many is waxing cold. Pretension, immorality, and coarseness, stamp the majority of the practitioners of this system, and society will soon cut loose from such medical advisors."

In the same journal of April 5, 1906, appeared the following editorial:

"In our issue of last week we published two papers, one by Dr. Frederick C. Shattuck of the Harvard Medical School, on the Value of Drugs in Therapeutics, and the other by Dr. Frederick B. Percy of the Homœopathic Medical School, on the Homœopathic Principle. These papers were read at a meeting of the Homœopathic Medical Society, and brought forth a discussion which should do something towards breaking down the barriers and remaining misconceptions. It is perfectly clear that medicine, both on its practical and theoretical side, should offer a solid front against manifest quackery. It is also evident that so long as a body of well trained and conscientious men stand on the basis of a single therapeutic principle which they claim is of fundamental importance, such a consummation cannot be attained."

Have we passed into oblvion? Does this editorial give you that impression? Are the homœopathic schools of this country myths? Is the American Institute of Homœopathy with her two thousand members a phantom? No! fellow graduates, homœopathy is not

*Read before the Alumni Association of Boston University School of Medicine.

dead, neither is she sleeping. In spite of ridicule, in spite of predictions, in spite of all offers of marriage, she is still with us, and will be until the coming of the day "when there shall be no more death, neither sorrow, neither shall there be any more pain."

Go back with me if you will to the year 1790, the year in which Hahnemann made his proving of cinchona. At that time nothing was known of the real value of a single drug. Everything was chaos, blood-letting, blysters, the administration of all sorts of concoctions: guess work and guess work only was the system. With the proving of that one drug began a new era in medicine. From that day to this, little by little have the teachings of that master mind been felt, until to-day the whole loaf is being leavened. Not for one moment would I have you understand that I claim that all the advancement in medical science is due to homœopathy, but I do claim that more is due to it than to all other systems and methods combined. A century of labor well done. It now seems to many that the dawn of the millenium is here, and that we are about to be swallowed up in death. All honor to that band of men in the Massachusetts Medical Society who are working that we shall be made one with them; it would be an honor and an inspiration to be associated with them, and working side by side for the perfection of what is good in medicine. But what of the larger part of that Society? Would it benefit us, would it benefit medicine, for us to renounce our belief in the single remedy selected in accordance with a law given by Almighty God, and join hands with men prescribing proprietary medicines, yes, even combining them; who by their indiscriminate use of the salicylates and coal-tar products are causing untold injuries to the delicate structure of the kidney, heart, and nervous system; who are giving digitalis for every conceivable disease and condition of the heart, for the one puerile reason that it is a so-called heart remedy? Did that grand old man, Edward Everett Hale, renounce his belief in the one God-head that he might become a member of the Interstate Federation of Churches at New York? Shall we like Esau of old sell our inheritance for a mess of pottage. and then like him awake to the fact that in so doing we have lost our blessing? For one, I say not until we are weighed in the balance and found wanting; not until after a series of suitable tests, over a suitable length of time, and made under honest and scientific methods, it is proved that the claims for our law are illogical and untrue. Until that time let us go on with the work so well begun.

How often have we, who have been in the harness year after year, and decade after decade, at times perhaps wandering into realms of scepticism and uncertainty, been brought face to face with the unmistakable and almost marvelous action of some remedy, so that we have come to a practical and firm belief in the efficacy of this great law, and believe that its workings should be demonstrated at all times and in all places. In order to do this we need a school in which to teach our methods of healing. We have that school; Boston University School of Medicine, now grown to maturity. She has already sent out nearly one thousand physicians who are scattering the seeds of our faith to the four corners of the earth, and in a

very short time she will have sent out as many more. To do this work she needs your help. She is entitled to it, for she fitted you to be a successful practitioner of medicine. She now needs your financial as well as your moral support, your best thoughts for her welfare. She needs the support of your friends, and of your friends' friends; she needs your sons and your daughters as well as the sons and daughters of your friends and your patients, as students. Why is she not getting them? Why are they being sent to old school colleges? They are not teaching homœopathy; they are teaching the collateral branches no better than we.

What school on the face of the earth has sent out a more practical, more successful, body of physicians than has ours? Her surgeons, her specialists, her physicians, are doing work of which we may well be proud. Many of our old school neighbors are sending their cases to our hospital. Why are they doing so? Ask them and they will frankly admit that patients do better there than in their own hospitals. Why do they? Is not surgery, surgery the world over; are not our surgeons of the same flesh and blood as their own? "They see not, for their eyes are blinded," but we see the subtle work of the well-selected remedy preparing the way for, and completing the work of, the knife. The surgical work of our hospital is being done by graduates of homœopathic schools; all but two, I believe, are graduates of Boston University. Is there any reason under the sun why you should withhold your support from this school? If there is, do your part at once to remove it. Let us all get together and work for her up-building.

Do you for one moment believe that those massive buildings on the Fenway, soon to be occupied by the Harvard Medical School could have been erected but for the concerted action of the graduates and friends of that school? We are all proud of the success of those men, and with them thank the Giver of all good that He put it into the hearts of men to give with such liberality. That which has been done for one can be done for another. We have in New England about fourteen hundred homœopathic physicians, with a clientele, wealthy, ambitious, and liberal. Show to them that you are interested, yes deeply interested in Boston University; that she is a part of your life. Tell them that she is in need of money to found scholarships and professorships, for new buildings, and for many other things. Work early and late that she may have them. When success crowns the efforts, and she has become a great institution of learning, an honor to New England, to homœopathy, and a blessing to mankind, do not let it be said that you took no part in the work.

Again; I believe that the graduates should have a more tangible part in the management of the school, some part in the election of instructors. I am fully aware that I am trespassing upon ground marked with a big sign "Keep off the grass." But I believe that this is for the lasting interests of Boston University, and by reason of that belief I speak. What I say is said in all kindness, in no spirit of criticism, for we all know that the present management has been true to the trust imposed upon it. But the things of this world are

transitory, and we know not when changes may come, when some clique, some party, may gain control, with what results we cannot predict. It would be possible for a few persons to obtain control and relegate homœopathy to some quiet corner; to be taught in name only, to be placed on exhibition as occasion might require. It is much easier to prevent a wrong than to remove its effects. Furthermore it is a well-known fact that the instructors in all schools, interested in and following certain lines of work, have their field of vision narrowed, and see from the inside only. On the other hand its graduates, mingling with one another and with the people in general, hearing the criticisms, seeing the mistakes, gain a position to judge of men and conditions from without. For some time there has been the feeling among the faculty that the graduates were luke-warm in their support, were careless and indifferent of the interests of the school. The graduates themselves have felt that their advice was not wanted, and that if given they might be called meddlers. This is a condition entirely unnecessary and one which ought not for one moment to exist. Therefore in order to obtain the best possible results by combining the knowledge of the management with the judgment and interests of the graduates, I recommend: that seven graduates of at least seven years standing, none of whom are members of the faculty, shall be elected, one for one, one for two, one for three, one for four, one for five, one for six, one for seven, years, and that annually thereafter one shall be elected for seven years: this body to constitute an Advisory Board and that all nominations of instructors, or promotions of the same, shall be referred to and ratified by a majority vote of this board. Other schools and universities have had similar plans in operation for generations. I feel if this be done that at the end of ten years every member of the faculty will approve of such a system.

Now a few words to our new members from the class of 1906: you who are just stepping over the threshold into the active duties of life. First and above all else allow me to impress upon you the necessity and the wisdom of developing your common-sense; it will stand you in need more often than anything else.

Do not lead the life of a bigot, but cultivate a spirit of tolerance, always remembering that men and women cannot all think alike; it would not be well if they did. In medicine some must follow the old school methods, others the eclectic; in our own school some believe in, and administer the higher attenuations, others the low. We are all looking to the same end, the alleviation of pain and the curing of disease. Give each one the credit of selecting the method which to him seems best.

Some of you will take up special work, others, perhaps regretting that you are not of the manor born, will become the poor and lowly family physician. No doubt you have been told, and have read again and again, that the days of such have passed and gone. But remember if you please that it has been instilled into us from birth that there is to be a day of resurrection. It may be granted that after thirty-one years experience in the practice of medicine I may speak with some authority, and I say to you that I believe the

resurrection morn is here, and that the prospects for the good all round family physician, the general practitioner of medicine, are as bright as the noon-day sun. The field is large, the work is hard; you will find the days much too short for that which must be crowded into them. You are to have the care of your patient from infancy to old age with all the attendant diseases and injuries of mind and body. In critical cases do not get frightened, do not lose your head, but do not over-estimate your ability, do not think it a disgrace not to know all there is in medicine; and when you find yourself in doubt ask for assistance, from the surgeon or specialist if needed, if not, from some other physician. Should you be in some country village, away from good physicians of your own school, call some one of standing in one of the others. Be frank with him, telling him that you are a homœopathist in belief and by training, but that you are uneasy about your case and have called him for his advice and his aid. I am sure that under such conditions you will receive the best that is in him.

Should it be your fortune, as it will be, to be called into some other physician's unfortunate case, never criticize his management of it. Should the family or the friends do so in your presence, defend him, find some excuse for him; if you can't find one, make one. When you are discharged from a case and your neighbor called in, do not brood over it, do not feel that you have lost your last friend; it is a part of your training. All of us older ones have had the same experience. Never talk over your cases in public, or in private, unless with the immediate family. Be careful in your administration of alcoholic stimulants; the sphere of their usefulness is limited, and their evil effects far reaching. Use them only after thoughtful consideration. Do not take them yourselves; they will never do you good, they may do you very much harm. The practice of medicine and surgery requires at all times a clear brain, and no one has a right to take that into the system which can in the least interfere with the full power of that organ.

Do not devote all of your time to medicine. Every man and every woman should become a part of the community in which they live. Take a deep interest in everything pertaining to the welfare of your town. Take no heed of the saying that physicians should keep out of politics, that it is beneath them. Such sayings come from those who know full well the influence of the family physician and his vote-getting power. Familiarize yourselves with the business and political methods of your town. If after doing so you are convinced that they are wrong, do not become hysterical over it, and stand on the street corners proclaiming that the town is to become bankrupt and disgraced before the world, but go to work in a business-like manner to correct the wrong.

None of you would locate in a place without a church; such a place would not be worth living in. You need the church and the church needs you. Identify yourself with it and bear your part of its burdens.

Practice the kind of medicine, lead the kind of a life, that will make you an honor to the place in which you live.

Last but not least, we wish to thank the faculty for the magnificent work they have done. Some of them have given of their time and strength for more than thirty years. The only recompense they have asked is that we should be honest, faithful, and conscientious physicians, using the knowledge imparted by them to us for the relief of suffering humanity. We honor those men and women, and to-night while our memories are listening to the words of wisdom of Woodbury, of de Gersdorff, and Thayer, of Talbot, of Smith, and Ahlborn, of Boothby, and Wesselhoeft, men who have already heard the welcome saying, "Well done good, and faithful servants," let us pledge in our hearts that the labor of these men shall not have been labor in vain, and let us give our individual support to those upon whom their mantles have fallen.

Ladies and Gentlemen, I thank you.

Scopolamin Morphin.—In all cases reported in this paper 1-100 grain of scopolamin (P. D. & Co.) was given, combined with 1-6 grain of morphia; three doses being given, usually one hour apart, and varying from one-half to three hours berfore operation.

In the ideal case the patient becomes drowsy shortly after the administration of the first hypodermic injection and is sound asleep at the time of the second njection. This latter may, however, cause him to open his eyes and move restlessly, but he will not be conscious if the drug is acting well. At the third injection no notice will be taken of the needle unless it be a slight, involuntary motion of the hands, arms or lips; when taken to the operating room one-half hour later he will be profoundly unconscious.

We have found the scopolamin-morphin combination to have the following advantages:

1. The period of anxiety previous to operation is done away with or greatly reduced.
2. There is much less liability to shock during the operation.
3. Chloroform can be added if necessary, and the same advantages maintained with the addition of the following:
4. There is seldom a stage of excitement, the patient usually drifting off peacefully to sleep.
5. The amount of chloroform necessary to induce and to maintain anesthesia is greatly reduced.
6. Pain, nausea, and vomiting are much less frequent and post-operative complications much less severe.

The disadvantages are as follows:

1. The liability to excessive oozing.
2. The rigidity of the abdominal walls.
3. The slight uncertainty of action, it being never possible to tell until the patient is in the operating room whether or not chloroform will have to be added.
4. The uncertainty, at present, as to the exact dosage and the best time of administration.—*Gregg, N. A. Journal of Homœopathy*, Dec., 1905.

EDITORIAL

Books for review, exchanges and contributions—the latter to be contributed to the Gazette only, and preferably to be typewritten—personal and news items should be sent to The New England Medical Gazette, 80 East Concord Street, Boston; subscriptions and all communications relating to advertising, or other business, should be sent to the Business Manager, Dr. WILLIAM K. KNOWLES, 40 Mt. Pleasant Ave., Roxbury, Mass.

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Reports of Societies and Personal Items should be sent in by the 15th of the month previous to the one in which they are to appear. Reprints will be furnished at cost and should be ordered of the Business Manager before publication.

DON'T STAY AT HOME!

During this month of September, 1906, there will be held in Atlantic City, N. J., a meeting of no little importance; a meeting for which preparations have been in progress many months; a meeting to which hundreds are looking forward with high anticipations; a meeting which will affect to an unusual degree the future of homœopathy; a meeting which will present uncommonly attractive and significant features. The meeting here referred to is the Seventh Quinquennial International Homœopathic Congress, which will include the Sixty-second Annual Session of the American Institute of Homœopathy. To this meeting have been invited all the homœopathists in this country and abroad, whose addresses were obtainable by the committee having this matter in charge. Preliminary circulars, special announcements and the official program and announcement have been widely distributed. Our medical journals here and elsewhere, have informed their readers through their editorial columns and elsehow that such a meeting was to be, and have told them also much concerning its character. The Gazette has tried to do its duty in this direction, as well as to impress upon its readers their special responsibilities in connection with the Congress. With all these numerous and varied notifications, surely no member of the profession can claim to be ignorant concerning the Congress. It remains at this time therefore for the Gazette to say only a final word to its readers in regard to the meeting so soon to be. That word or message is simply,—"Don't stay at home, and thereby miss the pleasures and benefits to be derived from attendance." For New Englanders, the absence from home need not be over five to seven days, to attend every session of the Congress. The distance to be travelled is not great, and the travelling itself is easy and com-

fortable; the roads all being good. As to expense, it comes under two heads: railroads and hotels. From all parts of the country excursion-rates are to be obtained from the railroads, the fare being on the certificate plan of one and a third fares. One should be sure to obtain a certificate when purchasing his ticket to Atlantic City; for said certificate officially viséed procures a two-thirds reduction on the return fare. The certificates are "good" from the sixth to the nineteenth of September, the meeting itself beginning on the tenth and closing on the fifteenth. This allows time before and after the meeting for extra vacation and recreation. Hotels are so numerous in Atlantic City that all tastes and purses may be accommodated.

Having been abundantly forewarned as to place and dates, and being within a comparatively short distance of the homœopathic mecca, New England physicians should be represented by a large number of delegates; a number not to be counted by dozens, as is sometimes the case at the distant Institute meetings, but by hundreds. It should be remembered that while only Institute members can take part in the business meetings of the Institute, "all homœopathists in good and regular standing in the countries in which they reside" are invited to attend the meetings of the Congress. Let New England do itself credit and do its share in advancing the cause of scientific medicine.

Those who do not stay at home, but join their confrères at Atlantic City, will have the pleasure of spending a few days at one of the most popular resorts on the Atlantic seaboard—will enjoy meeting old professional friends from all parts of the country—will have the privilege of making new friends among their own countrymen and even extending their acquaintance to those whose homes are in distant countries; will be permitted to participate in the extension of a cordial and hospitable reception to guests, to many of whom this country of ours will be a field of novelties; will receive benefit from listening to essays, and taking part in debates, and adding their efforts toward increasing the sum total of professional knowledge; will gather strength and fresh stimulation for the winter's work; and will have the comfort of having done their duty to the profession in whose ranks they are enlisted. Even those who by force of circumstances are obliged to stay at home, may encourage others to go, and all may add to the organized strength of homœopathy by securing the application for Institute membership from at least one colleague not now enlisted. By this simple measure the membership of the Institute may be doubled in one year, to the lasting benefit of humanity.

For the sake then of homœopathy—for the sake of its strongest organization, the American Institute of Homœopathy—for the sake of the Seventh Quinquennial International Homœopathic Congress—for your own sakes, don't stay at home!

ARE WE TO HAVE A UNITED MEDICAL PROFESSION?

With more and more persistency this question keeps before the profession. While the question, like all others, admits of endless discussion, it admits only a limited number and variety of answers, and from the present outlook it will probably be at some distance in the future that the question with any approach to unanimity will be answered in the affirmative. So long as human beings live in different physical and mental environments, so long they will view things from differing standpoints with the inevitable result of disagreement. When disagreements are due simply to different viewpoints and not to a difference in principles it is among the possibilities to so modify perspectives and so adjust one to another viewpoint that an understanding, which virtually removes the disagreement, is reached. As with all things in the realm of thought it is possible to acknowledge the existence of a certain lack of agreement, theoretically, and yet unite amicably on a definite line of action.

In order to answer the question, "Are we to have a united medical profession?" it is necessary to formulate clearly defined ideas concerning homœopathy and the present status of traditional or rational medicine; of the principles underlying each, and of the differences between them. The essential differences must be recognized as the *sine qua non* of an agreement. The philosophy of homœopathy is not wholly appreciated by either its adherents or opponents. It is at the present time too imitative; too much a matter of empiricism; of action in accordance with certain teachings of the Schools or of individuals. It is with the earnest effort to clear away misconceptions and if possible to pave the way to a mutual and helpful understanding, that Dr. Charles S. Mack has written his brochure with the preceding question for its title. Attention is hereby called to Dr. Mack's argument because of its intrinsic merit. It was published by its author sometime in 1904; but it is within a few weeks only that the GAZETTE was made aware of its existence, and the GAZETTE is anxious to share its pleasures with its readers. A few quotations from the brochure may give an idea of its author's purpose and position concerning the question under consideration. "My claim for this little book is that, by *defining different cures* and by classifying practices, it makes obvious the tenability of an attitude friendly toward both homœopathy and rational medicine, and that it thus illumines a platform from which no man would be excluded because of his friendly attitude toward either" . . . "In this book will be found discussion of several adverse criticisms of homœopathy by men distinguished in the field of rational medicine, but evidently

not informed in the philosophy of homœopathy. To those who do not themselves accept homœopathy, but are advocating a union of the schools, I offer this book as likely to aid them to some adequate conception of the difference which they would adjust. That that difference will sooner or later be adjusted I firmly believe, but never will the schools convene upon a platform which accords less than absolute freedom in regard to homœopathy as an issue." . . . "That there should, at any early day, be a union of the schools seems unlikely. Facts of human nature and of private interest will long postpone such union; but that come it will I believe. This book suggests what, I think, the platform will be when, whether sooner or later, such union is deemed practicable and desirable." . . . "Each of you may have heard from one or another so-called old school physician an expression of the opinion that there should be no distinct bodies in medicine—that all properly qualified physicians should belong to one body and fraternize in societies. Such expressions on the part of individuals are, I think, interesting and significant; but there can be no live question regarding fellowship of homœopathists and the so-called old school in a common society, so long as the so-called old school as a body is unwilling to fraternize with any man until he shall have pledged himself with his signature or by word of mouth that he does not believe in or intend to practice homœopathy, or shall have pledged something to that effect. *Membership in a society cannot make or unmake a homœopathist.* [our italics. Editor GAZETTE.] and I take it that no kind of co-operation between the two bodies can obtain without provision for absolute independence, or, at least, freedom in all thought and all work relating to the principle *similia.*" . . . "I do not know that in the whole controversy over homœopathy there has developed anything more remarkable than the proposition that homœopathists should retain the idea *homœopathy,* and annihilate the word *homœopathist.*" . . . "To me it seems probable that the name *homœopathist* will distinguish those who believe in *similia* from those who do not, until a time when *similia* is generally recognized, and when physicians are, as a matter of course, homœopathists; after such time the word *homœopathist* would perhaps be superfluous." . . .

Dr. Mack presents on page forty-three an interesting argument which forms a foundation for his saying "I believe that homœopathy is without a flaw, and that you will find it much more profitable to study homœopathy than to study homœopathists."

Other and interesting phases of this topic are discussed very logically and forcefully by Dr. Mack, who differentiates very lucidly "rational practice" and "homœopathy," and who has in his little book presented what should prove an effective missionary among the earnest, intelligent and thoughtful members of the profession of both of the dominant schools of medical thought and practice.

A PICTURE OF AN OLD FRIEND

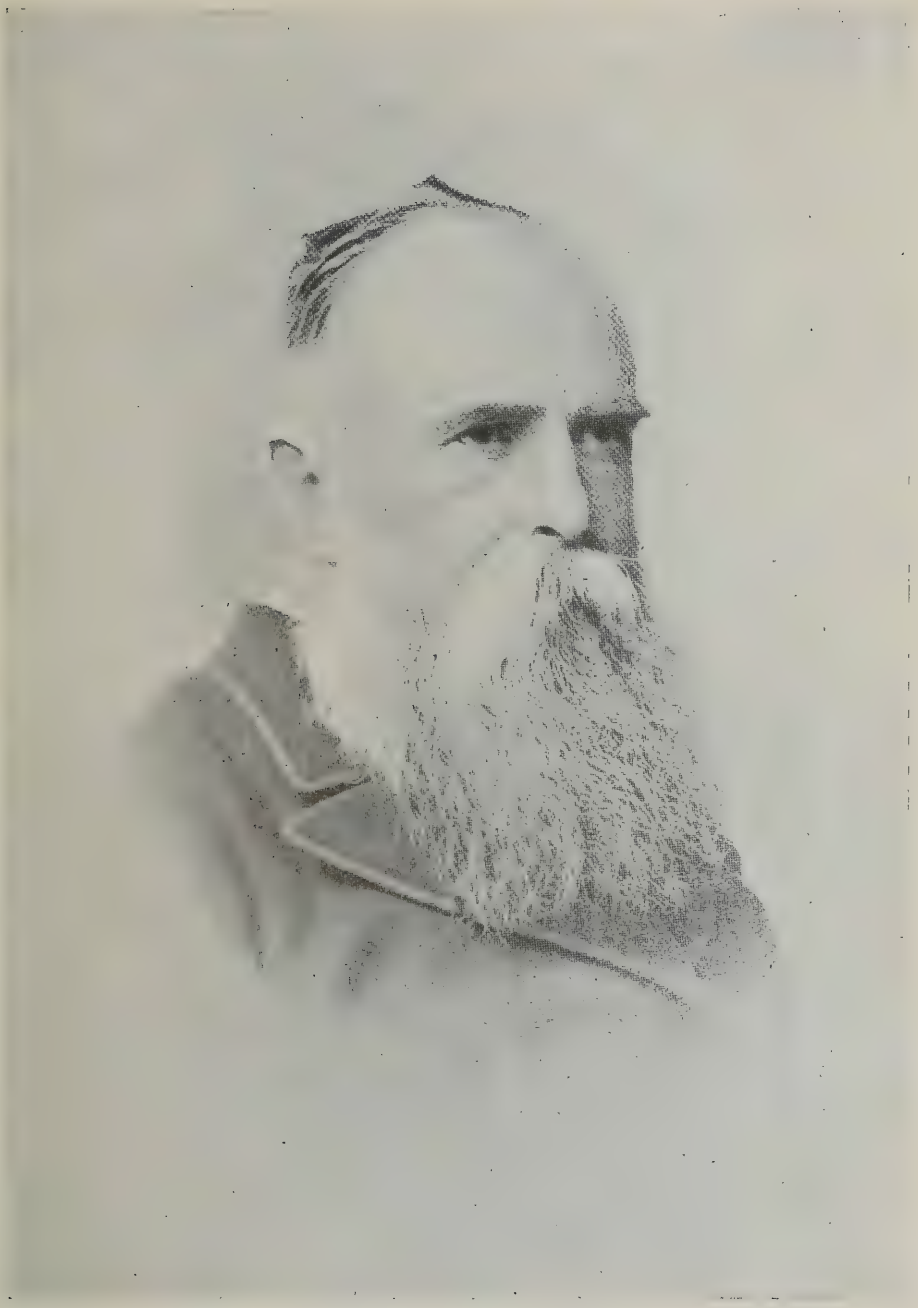
The GAZETTE considers itself fortunate in being able to present to its readers with this issue a picture of one with whose features they all are not familiar, but whose name is as a "household word" with homœopathists, known to all; a name held high in their respectful esteem, a name acknowledged as that of an authority commanding the utmost confidence of his colleagues, a name commanding not only respect and confidence but genuine admiration and affection; the name of Dr. Richard Hughes; the name of one who, alas! is no longer of us, but whose memory is deeply and permanently cherished. The position Dr. Hughes occupied in the profession was unique and enviable; that of a renowned scholar, a careful student, an effective writer, speaker and teacher. His impression on his generation was deep, clear cut, lasting, and his influence will extend far beyond his own country and his own time.

Just now it is but natural that his name and memory should come vividly before the profession in connection with the International Congress, for as is well known Dr. Hughes was, as Secretary, the only permanent officer of the Congress. He was in reality more than this; for it was due Dr. Hughes more than to any other single member of the profession that the Congress has continued its existence to the present. It therefore, just at this time, seems appropriate to recall to our memories, as the GAZETTE herewith does by the presentation of his picture, one to whom homœopathy owes so much.

SPECIALISTS AND FEE TABLES

Dr. D. W. Cathell of Baltimore who has written very practically on many practical subjects has written within a few months on a subject that will touch a responsive chord in many an overworked general practitioner's heart, and the great body of general practitioners will approve on the whole of Dr. Cathell's topic and argument. The title of the paper referred to is "Certain Fee Table Items that Injure the General Practitioner," but the argument is in support of the idea that the general practitioner should follow the custom established by the specialist and charge "*by the case.*" Dr. Cathell thinks the "*Rip Van Winkle fee tables*" still used as guides by the general practitioner should be abolished and the physician's "*skill* and *services*" made the basis of his charges. In speaking of the specialist he says:

"Each establishes for himself some more or less definite financial policy of his own, and each puts his own value on his services, and each usually takes care to charge each patient a sum large enough to materially aid in giving him and his dependents a comfortable support, with some addition for their needs when he is no longer able to work; and each rightly leaves his medical neighbors of every kind to



DR. RICHARD HUGHES.

shape their own financial policy. . . . when it comes to important and well-marked cases, in those able to pay full prices there exists a very wide and very deep chasm between the custom of the two professional bodies, for the specialist then *justly* ignores all details and charges *a bulk sum* for his services, while his brother, the general practitioner, in calculating the amount of his fees for cases often equally or more important, many times involving life itself, unjustly limits himself to counting the number of visits made with but little or no regard to anything else."

Criticizing the present methods, Dr. Cathell says:

"To-day, in practice, while the fees of all others are measured by *their skill and services*, the G. P.'s skill and services, no matter how valuable and successful, are totally ignored, and his claims are measured by the unjust and belittling standard of '*How often he pulls his patients' door-bells, or how often they pull his*,' and consequently it is seldom, very seldom indeed, that he receives a full and just fee; all because he is handicapped by this ancient fee-table custom, which meanly measures his services by *bell knobs*, *mile posts*, etc., instead of by the worth of *important services rendered* by a skilful medical man."

It would not do to convey the impression that Dr. Cathell's ideas concerning the profession are altogether financial, for he says what will be most heartily acquiesced in by every specialist and general practitioner that:

"Of course, in our noble and humane profession everybody, whether specialist or general practitioner, willingly and justly does, and I hope always will do, his share of '*no-charge*' work among the worthy poor, and each also has cases in which he willingly gives those who deserve it, '*a poor man's bill*,' and also for one reason or another, often gets but little or nothing, sometimes not even '*Thanks*,' for very valuable services, occasionally for saving life itself; and every specialist and every general practitioner alike also encounters transient, in definite, chronic or minor cases in which he charges only a meagre *pay-by-the-visit* fee, whether by the house-visit or for services at his office."

There remains much to be said on this practical and really important subject, for no partial presentation of its many phases and no individual opinion can settle it. Custom counts for much. The financial condition of the times, whether prosperous or the reverse, has its potent word to say. But it is well worth discussing and considering whether the general practitioner should not share the present privilege of the specialist of making his fees commensurate with the difficulties presented by the individual case rather than have them arbitrarily adjusted to a fixed and somewhat outworn scale.

BOOK REVIEWS

Diseases of Children. By C. Sigmund Raue, M.D. Second Edition. 776 pp. Philadelphia: Boericke and Tafel. 1906.

It is a great satisfaction to read such a book as Dr. Raue's "Diseases of Children," for it reflects the best of homœopathy, and the best of modern medicine. Homœopathy has been widely admitted, even by many who personally do not take advantage of its simple and direct possibilities, as a very successful method of treating the diseases of children; but thehomœopathist who becomes familiar with the teachings of Dr. Raue's book will be more thoroughly equipped to treat such diseases than was his predecessor of a quarter of a century ago.

Seven years ago the first edition of this work appeared, and even in this relatively short time some "important discoveries have been made in the field of pediatrics, and some significant changes have occurred in views held at that time regarding the etiology and treatment of not a few of the commonest affections in childhood." In keeping with these discoveries, advances and changes, and with riper years, wider experience and maturer judgment as guides, the author has quite rewritten and amplified his book. As he says,"the chapter upon Infant Feeding is practically new . . . and a chapter upon diseases of the Ear, Nose, and Throat, has been added." Illustrations have been freely used and the general make-up of the book is of the best. The first few chapters deal with hygiene, nursing, methods of examination, general therapeutics, infant feeding, and diseases of the new-born. Then follow in a sort of anatomical order chapters on diseases of the mouth, of the stomach, liver, intestines, peritoneum, respiratory tract, heart, kidneys, etc. In the chapter on diseases of the blood, full blood examination is recommended in the making of a diagnosis, quite in accordance with modern ideas. In the chapter on diseases of the nervous system several pages are devoted to lumbar puncture, precise directions illustrated by a good photogravure being given, and the diagnostic as well as therapeutic value of the procedure pointed out. Cytodiagnosis is also referred to, and Kernig's sign is not only noted but an illustration shows graphically how to obtain it. Babinski's sign receives its share of attention, as do all the new signs and aids to diagnosis. In short, throughout the book scrupulous attention is given to the subjects of etiology and diagnosis—as in ophthalmia neonatorum, the local silver treatment, by the way, being recommended for it; in asthma, where the lithæmic diathesis and naso-pharyngeal reflex are considered; in intestinal diseases, in discussing the etiology and diagnosis of which the author urges chemical and microscopical examinations of the fæces, saying "in pediatric work there is positively no excuse for neglecting such an examination whenever it is called for;" in regard to the rôle played by the tubercle bacillus in the production of pleurisy; to the various forms of arthritis and the infectious nature of rheumatism, etc.

In regard to treatment Dr. Raue is broad and rational, his principles being stated in a short chapter of about eight pages on "Therapeutics," where one reads, "In the treatment of the sick a drug should never be given unless specific indications for its use exist. Even under these conditions medicines should not be prescribed until every detail of hygiene and diet has been attended to. Moreover, if it is possible to obtain a therapeutic result by means of such simple non-medicinal measures as hydrotherapy, massage, and exercise, it is not only superfluous but irrational to subject the system to drug effects." In the very great majority of medicinal prescriptions recommended the prescriptions is based upon the law of similars. Symptomatic indications for the use of the homœopathic remedy, however, are condensed and suggestive, lacking somewhat, from the very nature of the task, in minute detail. In some cases non-homœopathic treatment is urged in preference to the homœopathic, as anti-toxin in diphtheria; and in pulmonary tuberculosis, regarding the treatment of which one reads, "No other form of treatment has yet given the promising results obtained in the sanitoria in which *open air treatment* is systematically carried out, combined with forced feeding, hydrotherapy and judicious exercise." In the chapter on diseases of the skin no mention is made of the X-ray which is not only curative but is also homœopathic to many forms of skin trouble.

In a book of fewer than eight hundred pages it is impossible to be exhaustive in the consideration of such an extensive field as the one which forms the title of Dr. Raue's book, but it is only just to say the author has produced a very useful, a very practical and a very satisfactory text-book.

A Compend of Operative Gynecology. Based on Lectures delivered by William Seaman Bainbridge, M.D., Adjunct Professor of Operative Gynecology on the Cadaver, New Post-Graduate Medical School and Hospital. Compiled, with Additional Notes, in Collaboration with Harold D. Meeker, M.D., Instructor in Operative Gynecology on the Cadaver, New York Post-Graduate Medical School and Hospital. The Grafton Press, New York, 1906.

This is a compend in every sense of the word and is based upon the lectures given at the New York Post-Graduate School by Dr. Bainbridge.

It is short, clear and comprehensive. The land-marks are clear; the warnings plain, and, in fact, it is a book that could be well prized by students, as well as practitioners, wishing to refresh their memories on Operative Gynecology.

The Prophylaxis and Treatment of Internal Diseases. By Frederick Forchheimer, M.D., Professor of Theory and Practice of Medicine and Clinical Medicine, Medical College of Ohio, Department of Medicine of the University of Cincinnati. New York and London. D. Appleton & Co. 1906.

A subject unique from the standpoint of American writers is covered by this book in its discussion limited to prophylaxis and treatment of internal diseases. The author is certainly to be congratulated upon his successful attempt to describe and explain this most important department of medical study. It will prove particularly valuable to the general practitioner, appealing to a less degree to the specialist.

Prophylaxis, on which too much stress cannot be laid, is treated very freely and clearly. Treatment is variously discussed under general, hygienic, dietetic and medicinal treatments. To the homœopathic physician the medicinal methods are not, of course, satisfactory, although some of the measures employed will be recognized as old friends. It is, however, in the other therapeutic methods recommended that we will find the full value of the material. To the infectious diseases is correctly given the largest amount of space, about 170 pages. In the appendix is a table giving composition of various food materials and those parts that are edible.

The appendix also contains a list of liquors containing alcohol, giving the percentage of alcohol and the percentage of carbo-hydrates. A short chapter upon the treatment of the various forms of poisons and a list of drugs with the dosage and mode of administration completes the book.

Taken as a whole, it is a volume that will be of decided value to everyone who is desirous of treating in the most modern and satisfactory manner those patients applying to him.

Abbott's Alkaloidal Digest. With suggestions for their Clinical Application. By W. C. Abbott, M.D., editor of The American Journal of Clinical Medicine. The Clinic Publishing Co. Chicago, 1906.

This small book of about 275 pages contains a peculiar combination of material. Its object is the exploitation of the alkaloidal or "active principle" method of treating disease. In it is a brief materia medica and a somewhat more extensive list of diseases with the indication for various alkaloids under different circumstances. The doctrines advocated are strangely familiar to the homœopathic mind, some of which are as follows: "The use of a single remedy for a single indication. Giving the remedy in small and oft-repeated doses until the desired effect is secured. Remedies for conditions rather than for the names of diseases. These imply previous knowledge as to the action of drugs, and careful study of cases, before prescribing and afterward." "Treat your patient—not his malady; the symptoms presenting—not a named disease, and remember to give the remedy selected in small dose, oft repeated 'to effect.' That which will benefit one case may prove ineffective in another. No two constitutions are exactly alike, hence the futility of treating any group of symptoms by a fixed rule and the necessity of careful diagnosis and precise medication of individual conditions."

To one using the method the book will prove to be a valuable storehouse of information, arranged in a small compass and in a very accessible manner.

Pocket Manual of Homœopathic Materia Medica. By William Boericke, M.D., Professor of Materia Medica and Therapeutics at the Hahnemann Hospital College of San Francisco. Third edition, revised and enlarged, with the addition of a repertory by Oscar E. Boericke, A.B., M.D., lecturer on Materia Medica and Sub-Clinician of Therapeutics at the Hahnemann Medical College of Philadelphia. New York, 1906. Boericke & Runyon.

When examining a condensed book like the one under consideration, the question always arises as to what rule the author has employed in the preservation of certain symptoms and the elimination of others; whether this has been done merely by personal opinion or by some wide and generally applicable method. The usual arrangement of drugs in alphabetical order is maintained, as this is probably the order most generally acceptable to the average physician. Both pathogenic and clinical symptoms are included. Many new remedies have been added since the last edition appeared, and the recent verifications of older drugs have been given careful attention.

To those who use a repertory the last 350 pages, which are devoted to that department, will prove of much value. It is surprising how much material is condensed into such a small volume, which, although having more than one thousand pages, is easily carried in the pocket. From the typographical standpoint, nothing further is to be desired. To any homœopathic physician, and to those persons who are studying the materia medica, this volume will bring a very large amount of valuable information arranged in a very brief and accessible manner.

Diseases of the Nervous System Resulting from Accident and Injury. By Pearce Bailey, A.M., M.D., Clinical Lecturer in Neurology, Columbia University, New York City, etc. New York and London. D. Appleton & Co., 1906.

The increasing prevalence of accident litigation makes it more than ever desirable that the physician should familiarize himself with the conditions and duties involved in such cases, and when it is understood that the majority of damage suits are based upon some alleged injury to the nervous system the desirability of such a work as this of Dr. Bailey's will at once be apparent.

The book, of some six hundred pages, is the most complete and satisfactory treatise of its kind yet published. After an introduction reviewing various methods of examination, it is divided into three parts, the first of which treats of "Organic Effects of Injury to the Nervous System." Part II has to do with "Functional Effects of Injury," while Part III contains "Medico-Legal Considerations," including chapters on expert testimony and the varieties of malingering.

The facts presented are accurate and are clearly and concisely stated. The illustrations are numerous, and in most instances aid in elucidating the text.

This work should be useful, not only to the physician, but its fund of information cannot fail to be of the greatest value to the legal practitioner whose ignorance of medical subjects so often places him at a pitiable disadvantage in the preparation of personal injury cases and the examination of expert witnesses.

The typography of the book is excellent; there is an adequate index and full bibliography. In short, the work is in every respect a valuable acquisition to medico-legal literature.

BOOKS RECEIVED.

Diseases of the Nose, Throat, and Ear. By Kent O. Foltz, M.D.

A Practical Method of Abolishing the Cause of One-quarter of the Unnecessary Blindness in the United States. By F. Park Lewis, M.D.

Choice of Methods in the Treatment of Operable Cases of Cancer. By G. Betton Massey, M.D.

First Annual Report of American Oncologic Hospital.

The Testimony of the Fathers. By A. E. P. Rockwell, M.D.

The Value of Humanistic Studies as a Preparation for the Study of Medicine and of Engineering. By Vaughan, Hinsdale, and Sadler.

A Second Period of Two Years' Abdominal Work in the Gynæcological (Ebury) Ward of the London Homœopathic Hospital, with no Mortality. By George Burford and James Johnstone.

Illustrated Key to the Cestode Parasites of Man. By Ch. Wardell Stiles.

A Non-Surgical Treatise on the Diseases of the Prostate Gland and Adnexa. By George Whirfield Overall, A.B., M.D.

SOCIETY REPORTS.

VERMONT HOMŒOPATHIC MEDICAL SOCIETY.

We have just received the report of the fifty-sixth annual meeting of the Vermont Homœopathic Medical Society which was held at Montpelier, Vt., May 16, 1906. The President, G. G. Hall, M.D., of South Woodbury, presided. R. H. Burke, M.D., of Sutton, and W. R. Noves, M.D., of West Burke, were elected members. The constitution was amended so that the new officers will not assume their duties before the meeting following that at which they were elected. The by-laws were amended, making it the duty of the secretary to report the names of new members to the secretary of the American Institute.

The treasurer reported a balance on hand of $259.50.

During the year the Society has lost two members by death, Dr. Charles Prentiss of Middlebury, and Dr. G. E. E. Sparhawk of Burlington. Dr. Sparhawk was one of the oldest physicians in the State, and has been a member of the Society for over fifty years.

The following officers were elected for the ensuing year: President, F. H. Davis, M.D., Lyndonville; vice-president, F. H. Everett, M.D., Castleton; secretary, Geo. I. Forbes, M.D., Burlington; treasurer, J. F. Shattuck, M.D., Wells River; censors, E. B. Whittaker, M.D.; F. E. Steele, M.D.; Edward Kirkland, M.D.; legislative committee: F. E. Steele, M.D.; W. B. Mayo, M.D.; E. B. Whittaker, M.D.; Geo. I. Forbes, M.D.; D. C. Noble, M.D.; Sam Sparhawk, M.D.

The following delegates were appointed by the president: Delegates. American Institute of Homœopathy: Geo. I. Forbes, Sam Sparhawk. New York, J. F. Shattuck; Maine, W. E. Lock; New Hampshire, N. L. Dow; Rhode Isand, C. A. Gale; Massachusetts, F. E. Steele; Connecticut, E. L. Lyman.

Drs. Sam Sparhawk and Geo. I. Forbes were selected to recommend to the governor for the appointment of one to serve upon the state board of medical examiners.

It was decided to hold the semi-annual meeting at Montpelier, the time to be fixed by the president and secretary.

GLEANINGS.

X-ray Burns.—At the 337th regular meeting of the New York Dermatological Society held Nov. 28, 1905, the subject of X-ray burns was taken up, and Dr. Henry G. Piffard, Emeritus Professor of Dermatology in New York University said, according to the *Journal of Cutaneous Diseases*, "that he had obtained the most benefit in treating these conditions from antiphlogistine, chloride of zinc, high frequency current and ultra violet rays."

Just a word to recall to mind the wonderful efficiency of aconite in many cases of true erysipelas in all stages of the disease. It is usually not thought of and is much neglected. But, in the number of cases whose symptoms homœopathically call for this drug, it is hardly second to belladonna and precedes in my practice both rhus and apis. Prescribe for your patient and not for the "bugs" or pathological name, is as true here as everywhere.—*Carleton, N. A. J. H.*, Jan., 1906.

Abies nigra.—Abies nigra has been successfully used in gastric troubles. The keynotes of the drug in these affections are the feeling of sticking, constriction, or of a hard pressure in the stomach, which, added to the low-spiritedness, constipation, eructations, vomiting of food, shortness of breath, etc., gives us a perfect picture of those gastric derangements brought about by excess at the table. It has done more good in those cases of dyspepsia which do not seem to be relieved by abstinence from any particular food, but by a strict diet. —*Fornias, Homœopathic Recorder*, Jan., 1906.

Pulsatilla and Ferrum Phosphoricum.—Pulsatilla is one of the reliable remedies for the late stages of acute or subacute rhinitis. It should not be administered too early, indeed not until the cold is "ripe." If administered too soon, it has been my experience that the condition is aggravated and prolonged. As a clinical fact, too, I desire to say that I never saw any benefit from this remedy given lower than the sixth dilution.

Ferrum phosphoricum is one of our most useful remedies in earache. Given the sudden onset, severe neuralgic pains and other symptoms of acute congestion it will act almost magically. I have observed relief of such pain as marked and prompt as if an anodyne has been administered.—*Copeland, Univ. Homœo. Observer*, Jan., 1906.

In the *Dietetic and Hygienic Gazette* for Feb., 1906, McGuigan strongly condemns the use of saccharin in foods, candies and the like. His reasons for opposing it are given in his statement that even in very minute amounts it retards carbo-hydrate digestion to a marked degree. One one-hundredth of a grain in seven hundred times its weight of a two per cent starch paste required just twice the length of time to be digested as did the same material without the saccharin. As a flavoring medium in the case of diabetics it is permissible, although possibly not the best treatment.

Seminary Teachings and the Betterment of Medical Societies.—To neglect the opportunities afforded by membership in and attendance upon the medical societies is not only the spurning of social joys, but also little short of a crime against society. It is beneficial in that the physician attending these meetings listens to papers on practical subjects, and hears them discussed by practical men. He absorbs an immense amount of information, and undoubtedly becomes a better physician thereby. He makes medical progress, and by reason of his advanced knowledge shortens disease and lowers the mortality rate. To neglect these opportunities, then, is little less than criminal.—*R. S. C., Univ. Homœo. Observer*, Jan., 1906.

Careful Asepsis.—A refinement of asepsis is to use at least two scalpels for every operation. The first one is used to incise the skin and is then laid aside, while the dissection is made with a fresh knife. In this way there is less danger of carrying bacteria from the skin into the wound, and the point is not without importance in many operations, such as those on the joints in which the most rigid asepsis is essential. If a tumor of the breast, for instance, is incised for diagnostic purposes and malignancy is suspected, the operation should always be continued with a clean knife.—*Medical Record*, Nov., 1905.

Pregnancy Following Oophorectomy.—Wilcox, in the *Hahnemannian Monthly* (Feb., 1906) relates a case in which he removed both ovaries for cystic disease; also both tubes. One month later menstruation began and continued for several years until she became pregnant. Pregnancy advanced normally to delivery at full term.

One of two explanations is suggested: Possibly a small fragment of one ovary was left. Even if this was so it scarcely seems possible for an ovum to find the stump of the amputated tube and so the uterus, without assistance. Or a third ovary was present. Neither supposition seems scarcely adequate to explain this unique case.

Fistulæ from Retained Ligatures Treatment.—A fistula was selected for the experiment, the opening of which barely admitted a small probe; in this, as far as it would go, was inserted a small wisp of cotton saturated with lingol, kept in place with a small strip of plaster, and the patient requested to return the next day. Upon removing the plaster and cotton plug, the opening was found to have increased in diameter (from 1 mm. to 3 mm.) and a view was obtained to a depth of 5 mm, showing the smooth pale-red shining tissue of the walls. At the bottom, was a tiny crevice through which the next dressing was pushed, the new cavity again packed as before and plaster reapplied. Each day more width and depth were secured, until on the eighth day the suture was removed. It was a silkworm-gut, and an inch and a half in length.

The second fistula was treated in the same way, and yielded its suture on the fourteenth day. Within ten days, the dark red surface of the skin at and around the mouths of the fistulæ, and the indurated areas, extending in one of them fully an inch around the opening, had entirely disappeared, as did also the burning and intense soreness which had been constantly present for months, and had painfully interfered with the patient's activity.—*Slocum, Medical Notes and Queries*, Dec., 1905.

The *Homœopathic Eye, Ear and Throat Journal* for March contains a valuable article upon malignant growths of the throat by Burton Haseltine, M.D., of Chicago. His conclusions regarding such conditions are as follows:

1. If diagnosis is doubtful, make a simple operation and examine.
2. If diagnosis is positive make a radical operation wherever possible and treat subsequently.
3. If diagnosis is positive and operation unsafe, treat sarcoma with serum and carcinoma with the X-ray or radium.

Treatment of Scabies.—It is entirely local and meets the conditions. The parasite must be destroyed, the skin cleansed, the eczema treated. An ointment made as follows is excellent: Flowers of sulphur and oil of beech, of each forty parts; green soap and benzoated lard, of each eighty parts; pulverized white chalk, five parts. A piece of this as large as a hickory nut can be rubbed into the skin where invaded. This should be done twice a day for three or four days, then the surface washed with soft water and ethereal soap. Follow this with a hot bath and clean clothes and clean bedding. If an irritating eczema follows it should be treated as a simple eczema. The eczema following scabies is usually easily controlled.—*Stephens, Univ. Homœo. Observer*, Jan., 1906.

Tonsilitis.—Aconite: In acute form the first remedy thought of. When inflammation is just beginning, it will cut short the attack. Put twenty drops of the first dilution in a glass of water and give a teaspoonful of the solution every half hour until the temperature has fallen and the pulse become slower. It is one of the original homœopathic polycrests. I have consulted, recently, out of curiosity, five old school works on throat diseases, all published within the past two years. Every one of these books recommends aconite tincture in one drop doses, repeated every hour, as an extremely useful remedy in tonsilitis; provided, it is prescribed within twenty-four hours of the onset. It is said not to be of value except it be given early. This advice falls upon the homœopathic ear with such familiarity of sound as to make it seem almost like a quotation from our own books. The difference is we found out the virtues of aconite in acute tonsillar inflammation long, long ago.—*Copeland, Univ. Homœo. Observer*, Jan., 1906.

Onosmodium in Muscular Asthenopia.—Shaw, in the *Journal of the British Homœopathic Society*, Jan., 1906, presents the value of onosmodium as first proved by Dr. W. E. Green. Among other things is found the ocular indications clearly stated, given in order of frequency of occurrence.

Dull occipito-frontal headache. Dull, heavy pain in frontal regions and in both temples, also in mastoid region, the temporal headaches being most markedly left-sided. Headache over both eyes. Dull pain on top of the eyeballs. Feeling of tension in the eyes. Wants to look at things very far away. The eyes feel tired, as if they were stretched wide open. The lids feel heavy.

The vision is blurred. During the proving visual acuity was reduced from 10-10 to 8-10, and remained so for several days, returning to 10-10 when the drug was left off. Ophthalmoscopically it was noted that the optic discs were hyperæmic and the retinal vessels engorged. Associated with the head and eye symptoms there were certain other frequently recurring ones; numbness and weakness in the legs, tired, weary feeling in the limbs, weariness, very tired. Natrum muriaticum also has similar symptoms. This latter is best used in the 6x to 30x. Onosmodium is used in 2x or 3x.

Therapeutic Value of a Complete Laboratory Examination.—There is often nothing which would justify an ordinary consultation, in a case that would unquestionably be helped by a complete overhauling of history and of

physician findings. Nothing meets this class of cases better than clinical pathology. The physician says to his patient, "it seems to me that it would be a good thing to have a laboratory examination made of your case," or a specialist wishing definite information as to the general condition of his patients refers the patient to a clinical laboratory. In either case the patient reports to the laboratory where a definite history is taken—a physical examination made; also an examination is made of the blood and urine, and such of the secretions as may possibly throw any light upon the patient. There is a record of weight, blood pressure, chest expansion, etc., all of which are a matter of record as a help to record the patient's physical condition. These guide to the progress of the case.

The laboratory examination is applicable to a large number of patients in whom the suggestion of a consultation would cause the loss of confidence or perhaps a change of physician. In cases where a patient realizes danger and is desirous of counsel, it is easy enough to suggest and arrange for consultation, but in cases which are simply tedious and where the necessity is felt on the part of the physician, of having his therapeutics reinforced by additional confidence and expectation of results, the laboratory examination is more easily suggested.—*Medical Examiner and Practitioner*, Jan., 1906.

X-ray and Leprosy.—In the Manila correspondence of the *Medical Record* for Dec., 1905, is given in some detail results obtained by Wilkinson in treating leprosy with the X-ray. A bi-focal tube in a ten-inch spark machine was used in the experiments. Of thirteen cases treated three were cured, seven improved, and three not improved. Wilkinson believes that the bacilli are killed in the tissue and their bodies absorbed by the system, thereby producing immunity against other leprosy bacilli in various parts of the body. His reasons for this opinion are as follows:

1. The treatment of one leprous spot on a patient produces improvement in spots at a distance from the one actually treated.
2. The cure in the distant spots seems to progress parallel to and to be just as complete as that in the one treated.
3. The best results seem to be obtained only when treatment is pushed to the point of killing or beginning to kill the tissues, which would also probably be to the point of killing the organisms.
4. Cases in which there are massive localized leprous deposits as in Case No. 5, are most rapidly improved, as in these cases we have an abundant culture on which to operate and thereby produce immunity more rapidly.
5. In diffuse general involvement of slight degree or atropic character where there are only a few scattered organisms we have had little success.
6. In two well-advanced cases where the amount of new leprous tissue was excessively great, the improvement was marked and rapid, but followed by loss of general health and rapid physical decline. This may be an over dosage, so to speak.

Division of Fees.—Lanphear in *American Journal of Clinical Medicine*, Jan., 1906, says: "After a most careful study of the subject (from the standpoint of one who has been a country doctor as well as a city specialist), I have reached these conclusions: (1) In ordinary consultations no division of the fee should be thought of; (2) in cases simply "referred" to the specialist for treatment no division of the fee is usually proper; (3) when specialist and doctor jointly attend a patient, division of the fee is honorable and just,—no attempt being made to conceal the transaction from the patient; (4) when the specialist operates in the home of the patient, in city or country, and the physician assists and assumes the responsibility of the after-treatmeat, it is the duty of the operator to ascertain whether or not the regular attendant has been, or will be, paid sufficiently well for services rendered—if not, then divide the fee in proportion to value of services rendered.

Lawrence, in *Hahmennanian Monthly*, February, thus summarizes his contentions concerning Diet in Chronic Interstitial nephritis:

1. Gout and gouty kidney are almost invariably due to overeating, intestinal putrefaction leading to toxemia.
2. Clinically, chronic nephritis is divisible into pre-uremic and uremic stages; and only in the former can treatment be successful.

3. Complete exclusion of meat from the dietary, limitation to white meats, and an exclusive milk diet are alike dangerous, all tending to break down cardiac compensation.

4. During the inactive periods of the disease the patient should receive three pints of milk, two eggs, and from five to ten ounces of meat daily.

5. Enormous quantities of water are decidedly harmful. Under ordinary circumstances the patient should consume about four pints of liquid per day, and in cases of threatened heart break-down the quantity can be further decreased with advantage.

6. Dropsy of renal origin can be more or less successfully combatted by withdrawal of sodium chloride from the dietary.

7. Meals should be small in quantity and frequent rather than large in quantity and infrequent.

8. Acute exacerbations in the course of chronic nephritis demand the same severe dietetic limitation as do cases of ordinary acute nephritis.

9. Systematic blood examinations, by revealing evidences of symptomatic anemia, will serve to warn the physician against the maintenance of too severe dietetic restrictions.

PERNICIOUS ANÆMIA CURED.—Although pernicious anæmia is such a notoriously variable disease in its blood picture, yet the case reported by Chace in the January *Post-Graduate* seems to have been so much improved at least as to resume his usual occupation.

Blood examination on admission, Nov. 8.

Hæmoglobin	55%
Erythrocytes	1,068,000
Leucocytes	4,500

Marked poikilocytosis with a number of megaloblasts and normoblasts and a few karyokinetic figures. The proportion of megaloblasts to normobasts was about three to one.

The patient was so low that death was expected at any time, but under treatment recovery took place. This treatment was daily high enteroclyces of a litre of normal saline and hyperdermoclyces of 300 cc. of .9 per cent saline solution in the pectoral region twice a day for three days. Fowler's solution, five drops, three times a day, was given. The diet consisted of beef juice, scraped beef sandwiches, bread cereals, custard broth, egg-nogs, lemon, albumin water, and after the first week given vegetables. Blood examination one year later showed the following results:

Hæmoglobin	85%
Erythrocytes	4,320,000
Leucocytes	5,200

The red cells were perfectly normal in size and shape, and repeated examinations failed to show any normoblasts or megaloblasts.

As to the completeness of the recovery, Chace says the blood count, the patient's feelings, and his appearance will dispel all doubts.

AVENA SATIVA IN INSOMNIA.—One of the most unpleasant evils that human flesh is heir to is undoubtedly insomnia. The restless tossing to and fro, the weary expectancy of the sleep and rest that never come, while the clock strikes the hours and half-hours in one long monotony—these have more than once made persons distracted, and even driven them to find relief in suicide. Many have been the remedies suggested—from the mental counting of a certain number of sheep crossing a certain river, to the various sleeping-draughts and potions.

The former reminds me of a man—a victim of insomnia—who had been advised by a friend of his to mentally count an imaginary 10,000 sheep crossing a stream as a certain cure for his complaint. On meeting him the following day, he asked him how he had slept the night before. "Not a wink!" replied the victim of insomnia. "Why didn't you carry out my suggestion, and count those 10,000 sheep?" asked his friend. "So I did," replied the other; "but it was time to get up before I had finished counting them!" As a safe and reliable remedy, I can with confidence, and from personal experience, recommend the taking of 5-minim doses of avena sativa in a winglassful of water before retiring. In fact, I have on several occasions myself been a sufferer from the complaint, and have had to get up at one or two in the morning to take a dose of the above-

named medicine before I could obtain a much-needed rest in sleep. In one case—that of a young lady who was much troubled with insomnia—it acted like a charm. She had been dosed with narcotics and other so-called remedies without effecting a cure, but a short course of avena sativa sent all her symptoms of insomnia to flight. In the case of patients chronically affected with insomnia, it is well to take the medicine three times daily, the last dose, at bedtime, being taken in *hot* or *tepid* water.—*Kopp, Homœopathic World*, Jan., 1906.

PERSONAL AND GENERAL ITEMS.

Dr. and Mrs. J. A. Balcom of Lynn returned recently from a short summer visit in Vermont.

Dr. Horace Packard has returned from his summer vacation in the Rocky Mountains and reports a very enjoyable time.

Dr. O. R. Chadwell of Jamaica Plain has been spending a week in the Massachusetts Homœopathic Hospital on account of sickness.

During the month of August Dr. D. W. Wells enjoyed a well-earned vacation, returning to his office on Wednesdays from 10 A.M. to 3 P.M.

Drs. N. M. Wood and E. E. Allen are taking their vacation during the month of September in Nova Scotia. Dr. and Mrs. George R. Southwick, Dr. Eliza Taylor Ransom, and Dr. and Mrs. W. H. Watters have enjoyed a pleasant outing at the Cottage Park Hotel, Winthrop, Mass.

Edinburgh Medical Journal.—This old and well-known journal has recently been taken over by a representative body of the Edinburgh School of Medicine, thereby insuring a continuation of its honorable past record.

Birth-rate in England.—During the year 1905, the birth-rate in England and Wales was the lowest on record, it being 27.2 per thousand, which is .7 lower than the rate for 1904, and considerably less than the average for the past ten years.

Hospital for Patients in the Treasury Department.—The United States Treasury Department has selected the German Hospital of Philadelphia to furnish professional services to government employees in that city. A uniform rate of $1 per day will be charged, the hospital providing for burial of deceased patients at $15 each.

A "College of Physicians and Surgeons of Little Rock" has recently been incorporated in Arkansas. The purpose is to conduct a school for the teaching of medicine, surgery, pharmacy and denistry, to establish a hospital and to open a training school for nurses.

Fumigation.—According to the Illinois State Board of Health the most satisfactory disinfectant is the addition of one pint of a 40 per cent aqueous solution of formaldahyde to 3½ ounces of potassium permanganate for every 1,000 cubic feet of air space. The room must be practically air-tight and the gas generated allowed to remain for at least twelve hours.

Changes in Cooper Medical College.—It has been decided by the authorities of the Cooper Medical College to transfer the work of the first two years of the department of medicine and industry to the buildings of the University of California, in Berkeley. This will give greater facilities in the present college building for the expansion of clinical and practical work for the upper classes.

The Homœopathic Medical Society of the State of Pennsylvania announces its forty-third session to be held in the Hahnemann Medical College of Philadelphia on Sept. 6, 7, and 8. As this is the week immediately preceding the meeting of the International Homœopathic Congress, a large number of those who are journeying toward Atlantic City can, and probably will, be able to attend the State Society meeting with much profit.

We were pleased to have the opportunity of renewing our friendship with Dr. F. V. Wooldridge of Pittsburg, Pa. The Doctor is at present pathologist for the Pittsburg Homœopathic Hospital, as well as busily engaged in a lucrative private practice. In his work he is ably assisted by his wife, Dr. Abbott-Wooldridge, also of Boston University. Mrs. Wooldridge is planning to spend several months with her family in Andover.

A Reasonable Inference.—A lady and her little daughter were walking through a fashionable street when they came to a portion strewn with straw, so as to deaden the noise of vehicles passing a certain house. "What's that for, ma?" said the child, to which the mother replied: "The lady who lives in that house has had a little baby girl sent her." The child thought a moment, looked at the quantity of straw, and said: "Awfully well packed, wasn't she, ma?"—*Alumni Report, Philadelphia College of Pharmacy.*

Test for Formalin in Milk.—The health department of Chicago claims the following to be a satisfactory and very delicate test for the presence of formalin in milk or cream: Into the bottom of a wineglass filled with the fluid to be examined is poured a quantity of concentrated sulphuric acid. The appearance of a purple violet colored ring above the sulphuric acid indicates the presence of formalin. Quantities as small as one in five thousand are said to be thus demonstrated.

Cleveland Homœopathic Medical College.—Dr. G. J. Jones, who has for some years held the position of Dean of the Cleveland Homœopathic Medical College, has recently resigned. The successor, as announced, is Dr. George S. Quay, nose and throat specialist. By the retirement of Dr. Miller, Dr. Kimmel assumes the joint office of secretary and treasurer, for which position his well-known administrative abilities ably qualify him.

The *Quarterly Journal of Inebriety* appears in its summer issue in an enlarged and very attractive form. Among the leading articles are: The Relation of Alcohol to Tuberculosis, by Dr. J. W. Grosvenor; The Alcohol Cult by Dr. Madden; Comparison of the Effects of Alcohol and Opium, by W. H. Park; and The Physiological Action of Tea as a Beverage, by Sir Lander Brinton. These and several other articles contain an amount of material which should prove of both interest and value to all.

Cost of Glorious Fourth.—Fifty-one lives thrown away and 4,551 celebrants maimed or injured, some of them fatally, is the record of this year's "glorious Fourth," as compiled by correspondents of the *Tribune* up to an early hour on the sixth. The loss of life almost equals that of last year, when 59 persons were killed, while every record for the number of injured was broken. Almost one thousand more were in hospitals or swathed in bandages than on the day following the holiday last year. That the death list will continue to increase for several days is indicated by a large number of dispatches recording injuries believed to be fatal, the deadly toy pistol was responsible for a big percentage of the injuries and six of the dead. How many of the injured are infected with the germ of tetanus cannot be estimated.—*American Medicine.*

Dr. Sophronia Fletcher, the oldest woman college graduate in New England and the first woman physician in Boston, died in Cambridge, July 20th.

Dr. Fletcher was born in New Hampshire in 1806, and entered the Boston Female Medical College (now merged with Boston University School of Medicine), and was one of the five members who graduated in the first class in 1854. Later she was Professor of Anatomy and Physiology at Mt. Holyoke College. During

the later years of her life she retired from active practice and resided with her neice, Dr. Leonora Lathe, on Austin Street, Cambridge.

Early Homœopathy in Providence.—In a paper of reminiscences presented by Dr. J. W. C. Ely in the Providence Medical Journal, we find the following recognition by a member of the dominant school of the early influence of homœopathy in Rhode Island.

"In 1846 homœopathy had acquired a very strong following in Providence. Very many of the most intelligent and wealthy families employed physicians of this school, and who of this learned gathering with their present knowledge could blame them when we consider the large doses of nauseous drugs given at that time, calomel and jalap, black draught, emetics, cathartics, tartar of emetic, large bleedings and blisters."

Homœopathic Medical Society of Western Massachusetts.—The officers of the society for the coming year are as follows:

President, Robert F. Hovey, M.D., Springfield; First Vice-President, E. P. Bixby, M.D., Barre; Second Vice-President, H. C. Cheney, M.D., Palmer; Secretary and Treasurer, Jas. B. Comins, M.D., 6 Maple Street, Springfield. Censors: O. W. Roberts, M.D., Springfield; Geo. Rhoads, M.D., Springfield; S. E. Fletcher, M.D., Chicopee. The next meeting will be held Sept. 19th. Subject: Materia Medica and Practice, Chairman, E. W. Capen, M.D., Monson.

American Oncologic Hospital.—The first annual report of the American Oncologic Hospital gives a very adequate idea of the objects of the institution and the methods that aim to attain those objects. According to the present report, "the need of a separate hospital for the treatment of cancer lies primarily in the fact of the alarming ratio of increase in the numbers of sufferers from this malady and the obligation thus placed upon this society to make redoubled efforts to stay its progress and care for those affected. During the year there have been treated 106 house patients, of which number 45 were discharged without manifest evidence of disease and 12 in an improved condition. The various methods of treatment include surgical procedures, thermo-cautery, Roentgen rays, cataphoric sterilization and Finsen rays. The expenditures exceed the receipts by $11,000, $10,000 of which deficiency is met by appropriations and donations.

Dr. Edwin H. Wolcott of Rochester, N. Y., has recently been appointed director of the division of Contagious Diseases of the State Health Department. In his department are twenty medical experts, and his territory includes all parts of the state except Yonkers, Albany, and Buffalo.

Dr. Wolcott is one of the well-known physicians in New York. He was educated at the Geneseo Normal School and at New York Homœopathic Medical College, graduating from the latter institution in 1881. He was for two terms a member of the State Board of Medical Examiners. He has been president of the New York State Homœopathic Association and president of the Monroe County Homœopathic Society.

Dr. Wolcott is president of the Board of Managers of the Gowanda State Hospital for the Insane, having been appointed by Gov. Levi P. Morton in 1896, and reappointed by every successive Governor since. He is at the head of the maternity department of the Rochester Homœopathic Hospital and a member of the Board of Trustees of the American Institute for Drug Proving.

Congratulations are due Dr. Wolcott on this new honor and responsibility which have come to him.

There is a good opportunity for some doctor to rent the office of the late Dr. Henry R. Brown of Leominster. Apply to Mrs. H. R. Brown, 51 Pearl Street, Leominster, Mass.

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ORIGINAL COMMUNICATIONS

A NOTE ON THE ESSENTIALS OF A HOMŒOPATHIC MATERIA MEDICA.*

BY JOHN HENRY CLARKE, M. D., PRESIDENT OF THE BRITISH HOMŒOPATHIC SOCIETY.

MR. PRESIDENT AND FELLOW HOMŒOPATHS,—We are informed by explorers who have visited the Astral Plane that vision in that interesting region is a very different thing from what it is with us—that there the observer sees not only the outsides of things, as we do here, but the interior as well, and all around them, all at once. The consequence is, that unless a visitor who is first introduced into it has been properly prepared, and has his head screwed on very tightly, he is in great danger of losing it in the multiplicity and complexity of the things that crowd on his observation. Now, I cannot answer for the Astral Plane, never having consciously been there myself; but I can answer for the sort of mental shock that comes over one who has been brought up an allopath when he is suddenly plunged into the Plane of Homœopathic Ideas. An entirely new world of therapeutic notions is opened to the view, and it requires no little self-control to keep one's balance under the shock. But this balance is the first essential that we should not lose; for if we do we are apt to become uncomfortable creatures of the amphibian type, which, according to the celebrated definition of the schoolboy, is "an animal which cannot live in the water and dies on dry land."

The neophyte entering the homœopathic fold finds many things presented to his view which look something like things he has met before under the same names, and yet are very different. He has been acquainted, in his unregenerate days, with words called "materia medicas," and on his introduction to homœopathy he finds "materia medicas" still. He opens one—Hahnemann's *Materia Medica Pura*, let us say — and what does he find? A nonsensical list of isolated symptoms collected from goodness knows where! The shock of this discovery is so great that many turn on their heels at once and make precipitate flight for their allopathic fatherland. These have my deepest sympathy and none of my censure. If they cannot stand the attenuated atmosphere of the homœopathic heights, it is far better for them to continue to dwell on their native plains.

* Read before the International Homoeopathic Congress.

I cannot altogether exonerate Hahnemann for not inventing some new name for the *implementa homœopathica.* It was very natural, I admit, that when he discovered what he believed to be the true form of drug-presentment he should wish to pit it against the allopathic drug-presentments already in the field. So he named his work *Materia Medica* to challenge comparison with the materia medicas of his predecessors. He added, indeed, the word *Pura* by way of distinction; but the adjective is totally inadequate to mark the distinction, which is really a difference in essential nature and not merely a difference in quality. Hahnemann seemed to recognize this when he came to compile his work on *Chronic Diseases.* This work is as essentially a homœopathic materia medica as is the *Materia Medica Pura.* But there is no mention of "materia medica" in the title of this work.

For homœopathic practice there are two necessary implements — a symptom-list of each of the remedies and a repertory which will enable the practitioner to find any symptom of any remedy when wanted. These two works combined I should prefer to designate *implementa homœopathica.* Jahr named implementum No. 1—*i.e.*, the materia medica part—the "Codex of Symptoms"; and I think if Hahnemann had adopted some such term we should not have the confusion which now exists in homœopathic ranks.

It must not be forgotten that the distinctive feature of homœopathy—the very reason of our existence as a distinct school — lies in the means whereby we find our remedies. The fact that we use remedies prepared differently from those of allopathy, and in different form, is not the essential point of our difference. That difference lies in the selection of the remedy; and the means whereby we make the selection are—the Symptom-list and the Repertory. This is the ground we stand on.

I have said that some aspirants to homœopathic achievements flee in terror to the plains when they get their first glimpse of the implements they are expected to make their way with. But with others the case is different. There have been generous-hearted souls in the homœopathic ranks who have essayed to make the path of the climbers easy. These have prepared for the use of the newcomers works on materia medica which they could hardly distinguish from the works which they knew by the same name in their allopathic days. Of these works the best known example is the *Pharmacodynamics* of the late Dr. Hughes. This work is so easy to be assimilated by the allopathic mind and so easy to use, and it contains so much that is new to the inquirer, that he is captivated with it and never discovers that this kind of work is not a homœopathic materia medica at all in the true sense. Dr. Hughes himself knew that it was not, and he attempted to supply a real one in the *Cyclopedia of Drug Pathogensy;* for Dr. Hughes set his face like a flint against Hahnemann's arrangement of the drug symptoms in Schema form. Dr. Hughes went so far as to say that Hahnemann's invention of the Schema was a "real calamity to homœopathy!" Hughes had no objection to provings, but to please him they must remain in the day-book form.

Just to illustrate my meaning I will give two cases, which I hope will not weary you. Some time ago, after a quite insignificant attack of influenza, I was left with a sensitiveness of the teeth which gave me a good deal of annoyance, but was not bad enough to make me take any trouble to cure it, or to pay my dentist a visit. As far as I knew my teeth were all either sound or properly filled.

In homœopathy we may do much by generalizing practice, and this kind of homœopathy is possible from such works as the *Pharmacodynamics*. But this is the wrong end at which to begin — homœopaths must first individualize and generalize after. And further when generalizing fails we must always have individualizing to fall back upon.

To return to my toothache. After the thing had been going on for three weeks with such generalizing treatment as a few doses of creasote, mercurius, and spigelia could supply, without the smallest apparent success, the trouble began to grow rather worse and disturb my nights. One night I noticed that though the pain was worse on the *left* side, I could not sleep on my *right* side, as I generally do, because that made the pain much worse.

The thing was now bad enough to be worth looking up, and moreover I had a fresh characteristic aggravation to go upon. Hahnemann's tip to go first for the most peculiar symptom is worth all the generalizing ever invented. Here I had "Pain < lying on the painless side" as the most peculiar symptom; and this was the first to be matched.

I now turned to Father Hering's *Toothache Repertory*, which I have adopted from his *Domestic Homœopathic Physician* — a work which every student should know by heart — in the sixth edition of my *Prescriber*, and I think improved upon, and there I found a number of remedies which have toothache < lying on the painless side, chamomilla among the rest. Remedies having toothache < on the left side, chamomilla and others. Toothache < at night, chamomilla. I thus had three legs for my stool and was tolerably happy. I took a few globules of chamomilla 200, and in two hours I was distinctly better; ate my next meal in comfort for the first time in three weeks, slept the next night on either side indifferently, and the following day was quite well.

Now those who have no other work than Hughes' *Pharmacodynamics* with its clinical index to work on could not have discovered the remedy in this way.

Now for my other case, which will be shorter. My bulldog, aged two and one-half years, has weakness in the left leg, a sequela of dermodex mange, but is otherwise well. But one day he was noticed to be very sluggish in his movements; could with difficulty be induced to take his usual walks, for which he was generally eager. In the evening both hind legs were paretic. He had to be helped upstairs. When he was touched on the lower part of the back he cried with pain, though he never as a rule cried when he was hurt. Running my hand lightly over his back, I felt it quite hot over the lumbar spine. It was clearly time to do something. And here again a generalizing work like the *Pharmacodynamics* would be of no service.

In this case the most peculiar symptom was the heat of the lower spine. I went to Kent's *Repertory.* I looked up "heat in the lower spine" and found picric acid prominent among other remedies. On referring to my *Dictionary* I found this confirmed; and, in addition, there was pain in the back, paralysis of the lower extremities, and weakness *especially of the left leg.* I gave "Danny" five globules of picric acid 30. The next morning the heat and tenderness of the spine were very much less, and there was more power in the limbs. Picric acid was repeated two or three times, and in a few days the dog was quite well.

Now it is in the exact comparison between symptoms of drug and symptoms of case that the greatest power of homœopathy lies. In no generalizing work could these two remedies have been found, and in no materia medica which does not contain a symptom-list arranged in the schematic order invented by Hahnemann.

Therefore I maintain that Hahnemann was right and Hughes was wrong; and I repeat that without the Schema there is no homœopathic materia medica in the true sense.

But all homœopaths do not know this. Many have grasped at the compromise, and rested satisfied with as much of homœopathy as could be put into the allopathic-shaped pint-pot of the *Pharmacodynamics* in blissful ignorance that there is a whole ocean of homœopathic therapeutics that must be sought elsewhere

One result of this in my country has been that the number of avowed British homœopaths in the last thirty years has diminished from over three hundred to less than two hundred; and I maintain that it is the inevitable tendency of working exclusively with quasi-homœopathic materia medicas in allopathic form, and without symptom-lists, to lead men straight back to the ranks of allopathy. Dr. Hughes built a bridge to carry allopaths over into homœopathy; but he did not see that the bridge was quite as available for carrying homœopaths back into allopathy. Indeed rather more so, for the bridge is higher at the homœopathic end than it is at the other, and — *facilis descensus Averno!*

At the same time, I should be the last to deny that works like the *Pharmacodynamics* have their place and value. As Burnett said to me one day, "Where should you and I have been without it?" It is only when these works are made to do duty for the complete thing, that I object. But it was my recognition of the essential necessity of the symptom-list as the basis of any homœopathic materia medica that set me to work, now many years ago, to produce a materia medica which should combine both the symptom-list and the introductory matter, and at the same time maintain the homœopathic standpoint all through. This is what I have attempted, and though, personally, I wish I had done it better, my most valued critics tell me I have not failed.

It may be said that a man cannot be expected to do more than provide people with the means of carrying out the ideas which he considers the right ones. But, unhappily, that is not enough. I have provided what I consider the right kind of materia medica for homœopaths to use, and I am happy to say that very many homœo-

paths have hastened to possess themselves of it. But, still, even these are a small minority of the homœopaths of the world; and I find myself much in the position of the poet Ibsen when he first produced his plays: having written my book, I have now to persuade my public that it really wants it.

And this is the point which has impelled me to trouble you with these observations. The amphibian materia medica has so captivated the homœopaths of the past two generations that the very great majority do not know that works of this kind are not the genuine article at all. I believe I am correct in saying that in my own country Hughes' *Pharmacodynamics* has taken the place of homœopathic materia medicas with the majority of practitioners; and if they have possessed Hahnemann's *Materia Medica Pura* as well, it has been treasured mainly as a kind of literary ornament, and rarely, if ever, consulted.

I find myself therefore compelled to point out that these works *about* materia medica, compiled on the allopathic model, are not materia medicas in the homœopathic sense. In spite of the dictum of the late Dr. Hughes, that Hahnemann's invention of the Schema was a "real calamity" to homœopathy, I repeat that it is of its essence, its most practical and vitally important part, and that without the Schema there is no homœopathic materia medica. I regret that Hahnemann did not give a new name to it altogether, for then there would have been no room for confusion. "Symptom-codex of Remedies" is perhaps as good as any that has been yet evolved; and if we add to this "with introductory descriptions" we shall get somewhere near the facts, albeit somewhat clumsily; but we shall escape using a term which is bound up with so many other ideas which we wish to avoid. Names are hard task-masters. We are constantly suffering under the tyranny of names of things — of fetish words. We often allow the thing we wish for to escape us, and content ourselves lazily and happily with an empty term in its place.

Do not imagine that I put my *Dictionary* forward as being the last word in homœopathic materia medicas. On the contrary, it is only the first word of the materia medica in its fully developed form. In regard to the *form* of it I confess I do not think there will be much improvement on this, but I am well aware that much may be done to improve the contents — chiefly in the way of additions.

One word more about *Form*. This is a factor of supreme importance in a homœopathic materia medica. In homœopathy, practice and the practical rule everything; it is the thing which *works* — which makes it easier for us to cure patients — that counts. It is this which must determine the form of the materia medica. It was this work alone which impelled Hahnemann to devise his Schema arrangement. It is this which determined me to present the introductory matter in five separate sections, each section being devoted to some practical aspect of our art, so that practitioners of all shades and grades of homœopathy may find the means of selection they require. Homœopathy is a science and art of infinite possibilities and reach, affording scope for every kind and degree of talent in

those who espouse it. This was always in my mind when I was evolving the form which my work finally assumed. And I repeat, I do not think the form will be greatly improved upon. But I have taken out no patent rights: I make a present of it to the world. It is open to any one of your 18,000 American homœopaths to make use of and supersede. I am ready at any moment to scrap my work as soon as a better one appears.

I have been told that if I would only bring out a five-shilling abridgment of the *Dictionary* it would "sell like anything." I daresay it would; but I am not in the abridgment business. At Paris, six years ago, I had the pleasure of showing the first volume to the International Congress. I have the still greater satisfaction of showing you the completed work to-day. When the Congress next meets in America, fifteen years hence, I shall, I hope — if some of you do not cut me out in the meantime — show you a new and improved edition. But I warn you, it will be a good deal bigger than the three fat volumes you see here before you. So if it is an abridgment you are wanting you had better make haste to procure the book as it is; for the *Dictionary* as it now stands is the most abridged thing I shall ever be capable of supplying in this line.

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*AN INTERNATIONAL HOMŒOPATHIC PHARMACOPŒIA.

BY T. H. CARMICHAEL, M. D., PHILADELPHIA, PA.

It is the claim of the Homœopathic School of Medicine that it is the scientific school—that similia similibus curentur is the expression of a therapeutic law or principle of cure that is universal in its appli-tion, and which has dignified the special therapeutics founded upon it into a scientific system.

To substantiate this claim, it is necessary that the instruments or means by which this universal law is to be demonstrated upon the sick, should be the same in all countries and for all peoples. In other words the remedies should be the same in selection, in preparation, and in administration, and this can be thoroughly accomplished only through a single official guide or pharmacopœia for all nations.

The brief consideration of the subject of an International Pharmacopœia is therefore surely germane to the work of a World's Homœopathic Congress.

A Pharmacopœia is an official publication containing a list of the articles of the materia medica, with their characters, tests for determining their purity, and the doses to be administered.

Such a work is a primal necessity to a school of medicine, as it is the foundation upon which rests the scientific demonstration of the healing art.

It must represent the highest development of the science of pharmacognosy and of the art of pharmacy, and in order that this shall be maintained it must be revised at stated periods.

*Presented to the International Homœopathic Congress.

Its official character is derived from its authorization by a government, or from its adoption by the highest representative body of physicians of the country for which it is issued.

It necessarily follows that in any country there can be but one pharmacopœia for the guidance of a school of medicine.

As the truths of science are world-truths, neither limited nor affected by political boundaries, it follows that there should be one international pharmacopœia or standard for the whole world.

National spirit has, however, thus far demanded national pharmacopœias, and while these preserve a general similarity, they are circumscribed by the methods of work in vogue in their respective countries and differ in methods of preparation, in strength of medicines, and in other points where uniformity should prevail.

The first national pharmacopœia was that of the French issued in 1818, and now known as the Codex Medicamentarius. The London *Pharmacopœia*, however, had then been in use for two hundred years.

The first United States Pharmacopœia was issued in 1820. Since 1850 it has been revised at least every ten years.

When, through his ostracism by the apothecaries, Hahnemann was forced to take the steps that resulted ultimately in the formation of a new school of medical thought and practice, one of its earliest acts should have been to make a standard for the preparation of its remedies and to demand a strict adherence to it.

This, however, was not done, and for many years homœopathic physicians were satisfied with Hahnemann's directions or the vague information of the pharmacist that his remedies were prepared according to the directions of the original provers.

Such loose pharmaceutical methods should have been very unsatisfactory, because the original provings were frequently made with different materials.

For example: Aconite was proved with a tincture made by mixing the expressed juice of the plant with equal parts of spirits of wine. Hahneman considered this tincture to be 50 per cent drug-strength, but it was probably not over six per cent. The proving was also made with the solid extract, with extracts of the whole plant and of the root only. Siegel chewed the root and Stoerck took on his tongue a little of the powdered stalks and leaves. Different species of aconite were used, such as aconite arthora, A. cammarum, A. neomontanum, A. ferox and the aconitum napellus which is at present used.

The absence of a pharmacopœia was a hindrance to the progress of the school, for the satisfactory demonstration of the law of similia depends upon rigid adherence to acknowledged scientific methods.

In the past, distrust and even ridicule of homœopathy have obtained through the employment of agents whose identity could not be established by any known pharmaceutical tests.

Cures made by such preparations as the fluxion potencies of Swan, Jenichen, or Fincke were not evidence of the truth of similia, as they were not exact pharmaceutical preparations.

For a long time, however, the school continued to drift along in uncertainty regarding its pharmaceutical measures. The strength

of tinctures varied in different localities. The methods of tincture-making were not those giving the best results.

Hahnemann's directions to use the fresh green plants wherever practicable had indeed become the distinguishing feature of homœopathic pharmacy, but the process of tincture-making by using the expressed juice of plants gave products inferior in drug-strength to those made by maceration and percolation.

In the making of triturations, Hahnemann's method by using one part of the drug and ninety-nine parts of milk sugar was gradually supplanted by that of Dr., Hering where one part to nine parts milk sugar are used. This admits of more thorough trituration in addition to furnishing the intermediate strengths.

As early as 1868 agitation began in the American Institute of Homœopathy to bring order out of the chaos of homœopathic pharmacy, but to England belongs the honor of doing the first practical work in this direction.

In 1870 the first national standard appeared—the *British Homœopathic Pharmacopœia*. That it was appreciated was shown by its exhaustion and the necessity for a second edition in 1876.

In this scientific work proper methods of making tinctures by maceration and percolation are given, and an uniform drug-strength for tinctures was established of one part of crude dried drug in every ten parts of fresh or dried plant tincture. This was a decided step in advance, and homœopathy all over the world would have been benefited if this work had been adopted as the only guide for the preparation of its medicines.

In the United States, however, there was no movement in this direction. The majority of the physicians seemed lukewarm and uninterested. They would never tire of speaking or writing of cures made according to the law of similia. Yet in most instances they knew nothing of the remedies employed (from a pharmaceutic point of view) except that they bore the names that they required.

Every homœopathic pharmacist was a law unto himself, and homœopathic pharmacy was an undirected art.

Uniformity was not considered desirable—in fact some pharmacists made it their strongest claim for patronage that their preparations were stronger and made differently from others.

The literature of homœopathy also suffered for lack of pharmacopœia. This naturally follows from what has been stated. Text-books and magazine articles were replete with cures made according to the law of similia, and yet much of this was of little scientific value through absence of pharmaceutical knowledge of the means employed.

In many instances the name of a medicine would be given with nothing to indicate its strength or how it had been prepared—whether infinitesimal doses of tincture had been used (and if this was mentioned the strength of tincture should also have been given) or whether it was the two-hundredth dilution prepared by shaking the bottle on the hopper of a grist-mill (as in Carroll Dunham's potencies) or a one-thousandth potency prepared by the bottle-washing methods of Swan or Fincke.

Even our notation varied to such a degree that no one could tell what a 3x dilution really contained.

Surely a pharmacopœia prescribing one invariable method of preparation and one method of notation was a pre-requisite to a scientific literature.

In 1897 after several years of preparation the Pharmacopœia of the American Institute of Homœopathy was adopted by the American Institute as the standard for the preparation of all homœopathic medicines in the United States. In its main part this work is founded upon the *British Homœopathic Pharmacopœia* and as a sound pharmaceutical production it has received high praise from competent critics outside our school of medicine.

In 1901 a second edition was issued, and the title was changed to the *Homœopathic Pharmacopœia of the United States* as more appropriate to the national character of the work.

Thus at last the United States had an official standard to which all homœopathic pharmacists should conform in the preparation of their remedies, and by which the profession was placed upon the proper foundation for re-building and re-proving the great materia medica.

It certainly is desirable that all provings in the United States shall be made according to its directions—that a new plant shall be first prepared in tincture form and of the strength that the pharmacopœia directs, and that dilutions or triturations be made by the same uniform method.

After the remedy has been proven, if satisfactory, it will take its place in the Pharmacopœia at its next revision and then will become an official and integral part of the homœopathic materia medica. This is the only method by which a firm foundation can be secured for a thoroughly scientific materia medica.

France and Germany (the latter in 1904) have followed the United States in adopting national standards, so that four nations now provide for uniform homœopathic medicines within their borders.

These national pharmacopœias mean vast strides in the development of homœopathy. They mark an advance along the line of the scientific statement of the principle of similia, but its complete expression will be found when they are merged or blended into one international standard.

The one-ness of homœopathy throughout the world requires a world-wide uniformity and hence an International Pharmacopœia.

An international pharmacopœia would strengthen the cause of homœopathy throughout the world by presenting the law of similars under the strongest auspices. Medicines prepared in distant lands would be of uniform strength and could be used interchangeably in an intelligent manner. The materials with which provings are made could always be relied upon, and there could be fixed times for revision of the work to receive such additions as might be made to our materia medica from the four quarters of the globe. The literature of homœopathy would have an enhanced value through its scientific accuracy and world-wide adaptability. All would use the same notation in describing their remedies. The nondescript prep-

arations sometimes employed in the past would give way to the uniform directions of the pharmacopœia, and homœopathy would at last vindicate its claim to be the scientific law of cure.

Assuming that such an International Pharmacopœia is desirable, is it a practical possibility?

It is probable that it would be at once accepted by all countries having no national standards, and even in England, France, Germany, and the United States it is probable that its adoption could be secured in place of their present official standards.

At all events it should be possible to substitute the material of the international standard even if the present national titles must be retained. For example, in the *French Homœopathic Pharmacopœia* tinctures of drug-strength of one-tenth could be substituted for the drug-strength of one-twentieth, which it at present prescribes.

Assuming then that an international pharmacopœia is practicable, let us briefly consider some advantages of the *Homœopathic Pharmacopœia* of the United States as a basis for such a work.

This pharmacopœia represents long-continued labor of committees composed of homœopathic pharmacists and physicians—that it meets the requirements of modern science has been freely recognized.

In its methods of making tinctures it has followed those of the *British Homœopathic Pharmacopœia.* The modern methods of percolation and maceration are employed, and the fresh plant tinctures are so made as to represent a drug-strength of one part of crude dried drug in every ten parts of tincture, irrespective of the season (whether it be wet or dry). This uniform strength of one-tenth was carefully selected as the strongest justifiable.

This is also considered the best uniform strength by the *United States Pharmacopœia,* and in its last revision (September, 1905) it reduced the strength of some tinctures, such as aconite, from thirty-five per cent, and veratrum viride from forty per cent to ten per cent.

The system of notation employed in the *Homœopathic Pharmacopœia* of the United States differs from that of the *British Homœopathic Pharmacopœia.*

The tincture being one-tenth drug-strength is in reality the first decimal dilution of the crude substance, and it is so considered in the preparation of the dilutions.

The first dilution tecchnially so-called, made from the tincture, is therefore marked the second decimal and contains a drug-strength of one one-hundredth.

This is a step in advance, as it makes the dilutions and triturations correspond in drug-strengths, and their notation is the same.

In the preparation of triturations only the decimal system is followed, and the 1x trituration is known as the first trit. (1), and the second decimal as the second trituration of the crude substance.

The old Hahnemannian notation where the first trituration would be the supposed equivalent of our 2x is no longer used.

Provision is made for testing triturations, and it is recommended that all insoluble substances be prepared in this form only.

In reference to the higher attenuations, the pharmacopœia

stands upon scientific ground when it says "the limits of divisibility, (of matter) for our purpose at least, are more than approximately placed at somewhat below the 12th centesimal or the 24th decimal degree of attenuation of soluble substances,"—but it also says, "while we are bound to ignore nothing which modern science has revealed, and while we are desirous of keeping abreast of it, it is not incumbent upon us as pharmacists to limit by any arbitrary rule the degree of dilution or trituration which might be desired."

Upon all of the vital points of homœopathic pharmacy the *Homœopathic Pharmacopœia* of the United States is in accord with the latest scientific requirements, and is therefore admirably adapted for the purposes of an international standard.

An international committee reporting every five years at the meetings of the Congress could have ready for incorporation into the Pharmacopœia all drugs that had been proved within that period.

In the 1876 edition of the *British Homœopathic Pharmacopœia* there is an appendix containing a list of partially proved medicines and "others less known but about which there is sufficient knowledge of their physiological action or therapeutic value to justify the belief that they will enrich the materia medica."

It may be of interest to note that of about two hundred and sixty-two remedies in this list, one hundred and ninety-three have been accepted as official in the *Homœopathic Pharmacopœia* of the United States. It is doubtful if such a list should be included in an international pharmacopœia whose revision should be provided for at fixed and definite intervals.

The *British Pharmacopœia* contains a part devoted to external applications. It is a well-known fact that many physicians find considerable use for various drugs in the form of cerates or ointments, and as these are made in some instances from fresh plant tinctures they must be prepared at homœopathic pharmacies. These, as well as such preparations as injections (vaginal, urethral or rectal), linimenta, glyceroles and some others not in the *Homœopathic Pharmacopœia* of the United States, it might be well to include in the International standard.

The brief directions for writing prescriptions found in the pharmacopœias should be compared and made uniform for incorporation into the International. It is important that there should be world-wide uniformity in prescription-writing.

These with all other points could be safely left with the International Committee.

With such an International Homœopathic Pharmacopœia, the demonstration of the law of similars would be the same all over the world, as it would rest upon uniform scientific methods.

The materia medica would be enriched by provings made everywhere and the work of re-proving (which in America is at present exciting so much interest) would be established on a firm foundation. The *Organon* and the *Pharmacopœia* would then be recognized as equal in importance and as interdependent, and the success and solidarity of homœopathy would be universally promoted.

THE PROGRESS OF HOMŒOPATHY IN THE UNITED KINGDOM OF GREAT BRITAIN AND IRELAND, SINCE THE YEAR 1900.*

BY D. DYCE BROWN, M.A., M.D., CONSULTING PHYSICIAN TO THE LONDON HOMŒOPATHIC HOSPITAL, ETC.

I have, in the first place, to thank you for the honor you have done me in asking me to write this paper, an invitation which I have much pleasure in acceding to. This account takes cognizance only of the progress of homœopathy in the United Kingdom of Great Britain and Ireland since 1900, the date of the last International Homœopathic Congress at Paris.

Up to the commencement of this quinquennial period the progress of homœopathy in this country was rather of the *laissez-faire* type. A hard struggle had long been fought for homœopathy, in spite of violent opposition and virulent abuse on the part of the old school, and with such signal success that the tactics of the old school had changed. They ceased their abuse and marked opposition to the new school, and adopted the tactics of silence, while, at the same time, largely adopting the use of homœopathic medicines, and absorbing Hahnemann's views in many important points. It was, we surmise, hoped that by these means the homœopathic school would thereby be gradually absorbed, and homœopathy introduced by them under another name, and with the assurance to the public that they had been practising the new treatment for long. This "conspiracy of silence" not unnaturally gave relief to the homœopathic body, they acquiesced in the absence of the former old school tactics, and lay on their oars, allowing things to drift quietly on, and disliking unnecessary warfare. Of course, it is now seen that such easy-going precedure was far from being conductive to the progress of homœopathy. In fact, when no actual progress is made, the reverse, retrogression, follows as a natural consequence.

This was beginning to be perceived, and a general feeling of unrest and reaction was noticeable in our ranks, while the desire for a forward movement was more or less general, and the danger of these drifting, *laissez-faire* tactics was becoming obvious. The first tentative suggestion came from Dr. Edwin A. Neatby, in an able article written by him in the *Monthly Homœopathic Review* of July, 1901. We say "tentative," as it really was: Dr. Neatby in some prefatory remarks says, "if only the need of a forward movement is at all generally realized. If it meets with a practical approval I shall be greatly encouraged; if it meets with a thorough rousing criticism, I shall feel there are still hopes for homœopathy; if it elicits neither praise nor blame, I shall conclude that, either my mental vision is seriously distorted, or that the day of homœopathy's demise is nearer than I imagined." In this article Dr. Neatby sketches out what he would suggest to be done, but added that without money — adequate funds — it cannot be accomplished.

Almost directly after this article appeared in print, but of course,

*Presented to the International Homœopathic Congress at Atlantic City, on Sept. 11, 1906.

well thought out long before, Dr. George Burford delivered his address, as President of the British Homœopathic Society, in October, 1901. An abler, more spirit-stirring or more carefully thought out address has seldom been delivered before the Society. He brought the general feeling to boiling point, the address was received with enthusiasm, and in place of the usual vote of thanks for the address, a resolution was moved and seconded that the scheme he proposed be started at once, and that the Council of the Society be requested to form a committee, composed of laymen as well as of medical men, to take the matter in hand without delay. This was carried unanimously, and with acclamation. Dr. Burford in sketching the progress of homœopathy, pointed out the absence of the forward movement which had formerly characterized it, and how things were allowed to go on in a quiet, unobtrusive non-militant style, which meant, not standing still, which was really impossible, but necessarily retrogression. He pointed out that the old schools were ready to take advantage of this inaction, and that, unless we adopted other tactics, they would, by making use of homœopathy under another guise, gradually absorb us without a word of indebtedness to Hahnemann or to homœopaths. He maintained that now was the time to strike while the iron was hot, to take a new lease of activity, to push our doctrines and practice, and to bring them prominently before the public, so as to interest them, in what so much concerns their own welfare as well as the welfare of the greatest law of medical practice that has ever been brought to the knowledge and view of the world. He maintained that the admirable clinical material of the London Homœopathic Hospital should be more utilized, that systematic courses of lectures in the homœopathic materia medica, and in homœopathic therapeutics, should be resumed, in London, and in the larger provincial cities, that an authoritative statement of our tenets and mode of practice should be drawn up and widely circulated, that original investigations and re-provings of drugs should be instituted, and in fact, every possible mode of advancing homœopathy should be set in motion. This scheme, so carefully thought out, was followed up by articles written by various authors and published in the *Monthly Homœopathic Review* in the early months of 1902, in support of the movement.

The first general meeting of what was at the commencement called the Twentieth Century Fund was held on April 25, 1902, at Stationers Hall, a fine old hall belonging to the Stationers' Company, through the influential kindness of Sir George W. Truscott. There was a large and representative meeting, with Earl Cawdor, the Treasurer of the London Homœopathic Hospital, in the chair. Important speeches were delivered by Lord Cawdor, Mr. J. P. Stilwell, chairman of the Board of the London Homœopathic Hospital, and many others, both medical and non-medical supporters of the cause. An association was there and then formed, called the British Homœopathic Association, with the Earl Cawdor as president, the Earl of Dysart and Lord Calthorpe as vice-presidents, and Mr. Joseph Howard, M.P., as treasurer. The scheme was approved in every detail, and as money was absolutely necessary to initiate and

carry out such a work, a fund was started and called the Twentieth Century Fund, which, it was intimated, must involve the raising of £10,000 (50,000 dollars). At the meeting the greatest enthusiasm prevailed, and the Secretary was able to announce at its close that nearly £1,000 had been subscribed.

Before the year was out the entire sum of £10,000 had been subscribed. The ladies, whose aid in all such circumstances is invaluable for their active energy and determination, formed themselves into a Ladies Committee, resolved to raise a separate fund of their own, amounting to £100 to endow a Travelling Scholarship for the special study of diseases of women and children in well-known continental schools of medicine. This also has been accomplished. An executive General Committee was formed, consisting of both medical and lay members. The details of the work took a considerable time to elaborate, and though this seeming delay was criticised by some, yet it was felt that a sound basis and scheme could not be arrived at without time, and without very careful discussion and consideration on the part of the General Committee. It is truly a great work, and one that, if nothing else did, would signalize the quinquennium we are dealing with in a manner that would distinguish it in importance from other periods of time in the propagation of the cause of homœopathy. The ultimate aim was the establishment of a complete homœopathic college, with the power to grant a degree or diploma. At present, however, in an old country like England, with so many vested rights, and so many legal qualifications already in existence—nineteen in all—with the desire in the old school to add no more qualifications to those already existing, and with such a minority as represents homœopathic practitioners as compared with the allopaths, a complete homœopathic college is an impossibility. We, therefore, aim at a smaller scheme, for the present, and the following has been now for some time in operation.

1. Systematic lectures on homœopathic materia medica and therapeutics.

2. The proving and re-proving of drugs after the homœopathic method. Colchicum has been taken up, and the publication of the results will be forthcoming.

3. Scientific research work in connection with homœopathy, and the recent investigations in science.

4. Post-graduate lectures on various subjects, and separate lectures on various diseases, and their homœopathic treatment.

5. A "Dudgeon Scholarship" for young men, to enable them to go to the United States, investigate and study the style and methods of teaching there, and to permit them to attend courses of lectures and instruction in America, so as to thoroughly ground them in homœopathic materia medica and therapeutics, before commencing private practice in Great Britain.

6. The "Travelling Scholarship" of the Ladies' Branch of the Association for the study of diseases of women and children in the great continental schools of medicine.

7. The foundation of a special professional chair, to be called "The Compton Burnett Professorship" for the teaching of homœo-

pathic practice. The raising of the funds required to endow this Chair has been undertaken by Dr. and Mrs. J. H. Clarke, and already a large part of the sum required has been received by them.

8. By no means the least important feature in the Association's work is the academic and practical course of instructions for foreign missionaries and missionary students. This course, which is not intended, of course, to produce medical men and women, aims at giving to missionaries who are at home on leave, or are preparing to go out to foreign fields of missionary labor, a general introduction in elementary medicine and surgery. This knowledge will enable them, when far away from any regular medical help, to treat cases in the first instance, "First Aid," as it were, and so enable them to put their patients in the right path till qualified medical assistance can arrive. In many cases, the knowledge and help rendered possible by this course of instruction will enable missionaries to do all that is necessary for their cases, without sending for any qualified aid. The students at this course also are taught the main features of tropical diseases, and, if necessary, hygiene—a special course of instruction in obstetrics is instituted for women, and a special course of nursing is also given to women. This general, superficial, it must be, instruction in the elements of medicine and surgery is given to the missionary students with a training in homœopathy, its principles and practice. All this enables the missionary to act on the instincts and knowledge he or she possesses, and so to be of immense service when far away from any qualified medical man, and it makes him or her a great center in far-away parts for the spread of homœopathy, its principles and practice. This course has been much appreciated by those for whom it is intended, the attendance has been large, and the results most satisfactory in every respect.

9. The British Homœopathic Association keeps in mind also the necessity of teaching the public in the doctrines of homœopathy by issuing from time to time propagandist literature, explaining the principle of similars, and its practical results. A work of this nature is in progress, and it is to be hoped will be issued soon. Already the Association has printed and circulated among the members of the medical profession of both schools a work entitled "The Permeation of Present Day Medicine by Homœopathy," showing from authoritative writings of the old school, and *from these alone*, to what an enormous extent homœopathy is practically adopted in the old school, without acknowledgement, however, of the principle involved, the source of the information given, or of its great founder Samuel Hahnemann.

10. The Association keeps a special eye on the increased development of homœopathic cottage hospitals and dispensaries, aiding them with funds when there are difficulties present, to enable them to overcome those difficulties when necessary, and so to set to work important fields of labor, which require help in the outset of their life.

The above is a large scheme, but all that is done is necessary for the militant progress of homœopathy; it rouses up, and keeps up the vital interests of homœopathy in the minds of the profession and

of the public, though, for the present, a complete College of Homœopathy is impracticable.

The great difficulty at the present time is to get at the student. He is fully occupied with his studies at the recognized schools, and has no time for extra work; he knows that he has to go through his courses of study at these schools, in order to get his legal qualifications; he is afraid, therefore, in case of awkward complications at his examinations, to be seen at a homœopathic hospital, or to seem to have any sympathy with homœopathy; when he gets his diploma to practice he is naturally anxious to begin to make his living, and so has no time after his five years for further courses of study, while if he once begins to practice he is fixed down by work. All this involves the *crux* of the whole homœopathic educational question in Great Britatin and renders such aims as the Association has in view very uphill and difficult. It requires determination and perseverance in the right path to succeed.

The British Homœopathic Congresses are held annually in London and in provincial towns, are well attended, and are enjoyed much by those who come to the meetings. The social element, as well as the professional work done, combine to render them a species of gathering which no other form of meeting accomplishes, and which brings together personally men who might not meet each other from year's end to year's end.

All the British homœopathic hospitals have in the past quinquennium been making steady and substantial progress. The London Homœopathic Hospital, though not a large one, and prevented from enlarging to the extent provided for, owing to the difficulty of a tradesman who cannot be ejected at present, is, and has been, in a high state of efficiency. Its perfection as a hospital is testified to by all who have visited it, and it is usually looked upon as the finest and most perfect hospital in London. The medical and surgical staff are enthusiastic in doing all they possibly can, in the way of energy and hard work, to keep up its reputation and to make it in every point "up-to-date." The clinical material, both in the wards, and in the out-patient department, is most valuable and teaching for those who attend the hospital and for the resident medical officers. The number of in-patients is, of course, limited to the number of available beds, while the out-patients increase in numbers every year, giving extra hard work to the assistant physicians and surgeons, but showing the appreciation of the benefits of homœopathic treatment on the part of the patients. Extra expenditure, resulting from the increase of work, and necessarily involving increase in expenses, caused a deficit in the funds of the hospital to the amount of about £14,000, but this, by a great effort, was almost entirely raised last year, and so put the hospital once more in a satisfactory pecuniary state. Means have been taken to add to the annual income and reduce the expenses to the lowest point consistent with efficiency. The whole condition of the hospital is now, therefore, in a highly satisfactory state in every way, and it is an institution of which the whole homœopathic profession in Great Britain is, and may well be, proud.

The same, or a similar, satisfactory state of matters is visible

in all the excellent provincial homœopathic hospitals of the Kingdom. The Hahnemann hospital in Liverpool is a very important, large, and well-managed institution, doing an excellent work; the Phillips Memorial Hospital at Bromley, that at Bristol, Bath, Tunbridge Wells, Birmingham, the Buchanan Hospital at St. Leonards, at Eastbourne, Plymouth, Bournemouth, and Leicester, all show marked activity and corresponding success in the increase in the number of patients and in the hard work carried on by the medical officers. The marked revival in homœopathy shows itself, in fact, everywhere, and this inspiriting and militant attitude, evinced all over Great Britain, is perhaps the most salient feature of the whole quinquennium of which I have to speak at this time.

The British Homœopathic Society, which meets once a month at the London Homœopathic Hospital, evinces the same new life as is visible in other departments. The list of membership of the Society is practically synonymous with the number of homœopathic practitioners in the United Kingdom, the meetings are largely attended, the papers read at the monthly meetings are excellent in type and spirit, and their devotion to homœopathy is marked. The discussions after each paper show the active and deep-seated interest taken in the subjects brought forward and in their bearing on homœopathy. The Society is, in fact, in a very flourishing and healthy state, and becomes, every year, more regularly attended and appreciated. Its papers and discussions are issued quarterly as a journal, entitled the *Transactions of the British Homœopathic Society*, and it is transmitted to every member of it.. Two other journals, the *Monthly Homœopathic Review*, which has this year attained its jubilee, or fiftieth year, and the *Homœopathic World*, are too well known in America to require from me any statement other than that they exist and flourish as the literary aid to the advance of homœopathy, in the fullest way that is possible on their part.

We have lost by death quite a number of very valuable and well-known members of our profession in the last five years. Most of them are well known in America, and are as highly esteemed there as in Great Britain. I need hardly do more than mention their names, as anything further would be quite unnecessary: Dr. Dudgeon, who lived to the advanced age of eighty-four, and who had all his life been a pillar of strength to homœopathy. His works, and his various writings in the journals, of the powerful militant type, are such as any one, or any school, might be proud of. Dr. Richard Hughes, as well known in America as here, well known for his writings, his influence, and charming personality; Dr. Compton Burnett, also as well known in America as in England, Dr. Robert T. Cooper, Dr. Eubulus Williams, Dr. Hamilton, who lived to an advanced age, and was a personal friend of Dr. Quinn, Dr. Gibbs Blake, best known and much esteemed in England. These, with others less generally known out of England, have all passed away to the majority, leaving their colleagues so much the poorer, but with an example set before them to follow in their footsteps, and to do all in their power to promote the progress and advancement of homœopathy.

This paper is already too long, and I have to omit many details

which are interesting to a Briton, but less so to the International Homœopathic Congress. But on the whole we, in Great Britain, have much to be proud of in the therapeutic revival of which we have spoken, and in the general great advance in homœopathy which has marked the last five years of our existence.

THE STATUS OF HOMŒOPATHY IN FRANCE.*

BY C. LEON SIMON, M.D.

PARIS, May 25th, 1906.

My dear Colleague:—

It is already several months ago that I promised to give you a sketch of the state of homœopathy in France. Pardon my having made you wait so long. Circumstances beyond my control have prevented me from responding to your wish at an earlier date.

On examining successively the various points concerning which you ask for information, it gives me pleasure to note some progress, both in regard to matters of practice and those of theory.

The points which interest us on the practical side are those having reference (1) to individuals; (2) to the societies; (3) to the hospitals; (4) to the successes obtained by virtue of our therapeutics.

1. If we consider the individuals, that is, the physicians taken by themselves, we have the assurance that their numbers are increasing. The increase has been most distinctly marked in Paris since the International Congress of 1900, more particularly during the past year. Within the last few months some ten new members have joined the Homœopathic Society of France, all young and active men of high intelligence who are sure to be an honor to our school. It is impossible to estimate the number of homœopathic physicians practicing in France, since many are scattered singly throughout the country and are known only to their clientele and our pharmacists. I am sure that they number more than two hundred. One of the cities in which our cause has made the greatest progress is Havre. There we command all the elements of success; two young and intelligent physicians, Dr. Humeau and Dr. Mondin; a layman, Mr. Van der Velde, a fervent advocate of our cause who is making an active propaganda in the highest society of the town; and a pharmacist who fills homœopathic prescriptions in the most conscientious manner. There are also many eclectics (half homœopaths). During the past year I met one of them in consultation.

To the physicians we must add the pharmacists. We have in France twelve special pharmacists; seven in Paris and five in the departments. Besides these pharmacies we have in nearly all the larger cities a pharmacist possessing a stock of homœopathic medicines. There are also homœopathic veterinaries. I know one in Paris and another in the East; but there are more with whom I am not acquainted. Furthermore, there are several dentists, warm advocates of our principles, living in Paris and in the provinces.

*Read at the International Homœopathic Congress at Atlantic City. Written to and translated by Walter Wesselhœft, M.D.

This brings me very naturally to speak of our relations with our allopathic colleagues. This relationshp is undergoing a marked amelioration from day to day. The greater number among them, notably the specialists, readily consent to meet us in consultation. Many of our own men are on committees of hygiene, fill the positions of medical inspectors of schools, etc. One of our pharmacists, M. Ecalle, has received the diploma of Doctor of Pharmacy, a distinction possessed by very few, and the professors of the College of Pharmacy have received M. Ecalle with high praise.

2. We are grouped in one Society which has grown very flourishing: the Homœopathic Society of France. It constitutes practically our one society. There is, however, a local society at Bordeaux, and I hope soon to be able to announce the organization of a third society at Lyons. In this second city of France are found all the necessary conditions: a homœopathic hospital, many homœopathic physicians, young and energetic. It awaits only that one among them shall take the initiative in gathering his colleagues about him. Our cause will certainly gain by the multiplication of these centers of activity.

3. Of journals we have three, the *Revue Homœopathique Francaise*, which is the organ of the Societe Francaise d'Homœopathie; *l'Art Medicale*, one of the oldest homœopathic journals in Europe, as it is in existence upwards of fifty years; *le Propagateur de l'Homœopathie*, published at Lyons by Dr. Gallavardin, a very recent journal existing only since last year, but one meriting success.

4. We have four hospitals, three in Paris and one in Lyons, but they will hardly bear comparison with those which you possess in the United States. The whole number of their beds does not exceed two hundred and fifty. The two most amply provided with means are the hospital at Lyons and the Hospital St. Jacques. This latter possesses an operating-room as perfectly appointed as those of the allopathic hospitals, and also a bacteriological laboratory given by Dr. P. Jousset. Our eminent confrére has there pursued many interesting researches which have been published in *l'Art Medicale.*

I am unable to give you the exact number of our dispensaries. There are some everywhere. Paris alone has not less than ten, but in addition there are several at Lyons, Bordeaux, Marseilles, and in every city where there are homœopathic physicians. They are established chiefly in the most densely populated quarters and are always very fully attended. The working classes, who are interested only in results, remain much attached to homœopathy wherever they give it a trial.

5. We have scored two successes during the past year which have attracted attention to our school. One of our fellow practitioners was called to treat the son of the President of the Republic and treated him with complete success after the total failure of the most eminent physician of Paris.

The Hahnemann Hospital has recently received a legacy of two thousand dollars. The physicians of the hospital had no knowledge of the testator who conferred the bounty on their institution, and she herself knew nothing of the hospital. She simply wished to

bestow the sum on the best hospital of Neuilly, a town situated in the suburbs of Paris, where the Hospital Hahnemann is located. This latter was proposed to the executor by a third person and the needful inquiries proving favorable, the legacy was very properly made over to our institution.

In regard to theoretical matters a change is in progress which demands consideration. The proving of drugs on healthy individuals is giving place to experimentations on animals. Hence we have ceased to enrich our materia medica. The greater number of our acquisitions in this department come to us from allopathic sources. We borrow them from cases of poisoning or from the injurious effects of drugs administered improperly or without judgment. But we have also veritable pathogenesies derived from X-rays, radium and other imponderables and these prove that the agents in question act on the homœopathic principle. The same may be said of the serums. It is necessary to bear in mind that sero-therapy is no other than a form of isopathy. The serums are nothing less than nosodes prepared by a particular method. Pasteur and his school, in causing these nosodes to pass through several animal organisms, have the merit of readily obtaining products possessing the most constant and certain activities. Dr. Pierre Jousset, who is a most enthusiastic bacteriological investigator, has established a laboratory in the Hospital St. Jacques, where he has already made a number of highly interesting experiments, the results of which have been published in *l'Art Medicale.*

It should be said, however, that it would be unjust to declare the provings of medicines on animals to be useless. By poisoning rabbits slowly with tartar emetic he has produced characteristic ulcers of the stomach.

The younger homœopathic physicians are occupying themselves earnestly with radioscopy, radiography, and radio-therapy. I believe that the side will gain thereby and our system lose nothing.

In conclusion I will mention a mode of practice growing less and less rare and which I am unable to look upon as an advance. I mean the practice of polypharmacy. Many of our confreres even among the best employ more or less frequently composite or mixed medicines. Until the present time neither adherents or opponents of the method of polypharmacy have brought forward other than theoretical arguments and as yet we do not know of any observation in favor of mixing medicines which are free from objections. Up to this time the question has been badly presented and imperfectly studied.

Without wishing to enter into a discussion of the question, it appears to me that polypharmacy favors laziness and too readily offers escape from doubts to those who examine their cases superficially. Thus I am no partisan in this matter. In order to solve the question it would be necessary to administer mixed medicines to the healthy as provings. It would then be possible to draw legitimate conclusions from the results obtained.

Please believe always, my dear Confrere, the sincere esteem in which I hold you and all your able fellow-workers.

HOMEOPATHY IN AUSTRALIA.*

BY W. K. BOUTON, M.D., MELBOURNE, AUSTRALIA.

All the interests of homœopathy throughout Australia bear some kindred relation with the hospital in Melbourne, because many of the homœopathic practitioners have at some time or other been connected with the institution either as resident doctors or as members of the honorary Medical Staff. Of all our hospitals the oldest and largest is the one in Melbourne established in 1869. It has the advantage of an ideal situation in every sense, only about eight minutes walk from the busiest part of the city, on the finest avenue in Australia. The hospital has 86 beds and half a dozen cots, and cost £50,000, or a quarter of a million dollars.

The honorary officers are divided into a medical and surgical staff, totalling eight members.

There are two resident doctors, recent graduates of Boston University School of Medicine, who take alternate terms of six months, changing from the medical to the surgical side of the hospital. A fully recognized and well managed training school for nurses with a three years' course, has been carried on at the hospital for many years, and the number in training at present is 30. Last year over 1,000 in-patients were treated and about 1,000 operations were performed (minor operations included).

On the premises, as a part of the hospital, is also carried on work for out-patients in connection with the dispensary, where a fully qualified and registered chemist is in attendance every day in the week. During the morning hours on week days, members of the honorary medical staff attend the out-patient department. The different specialists attend on their appointed days.

Last year about 9,000 out-patients were treated, and about 21,000 prescriptions were made up.

Substantial donations during the last two years have greatly aided in the effective working of the hospital. One was a gift of $2,500 (£500) towards the building of a new operating theatre. Additional help enabled us to carry out the work, the annex having been completed at a cost of about $7,000. The result is the most up-to-date and best equipped operating theatre in Australia. Additional gifts of city property have fallen into the hands of the Hospital Board, so that the outlook is considerably brightened at the present time.

In Sydney a hospital with 30 beds was established about four years ago. Good work is being done there. There are four honoraries and no resident doctor.

Queensland, South and Western Australia have not yet established homœopathic hospitals. In Tasmania are two hospitals, one at Hobart with 24 beds, a resident doctor and training school for nurses, and one at Launceston with 18 beds, two honoraries and no resident.

We have no educational institutions where homœopathy can yet claim recognition.

*Read before the International Homœopathic Congress at Atlantic City.

The Melbourne Homœopathic Medical Society meets once a month, and papers pertaining to cases and other items of interest are discussed. The Society has 14 members; all are engaged in practice in and about the city.

Throughout Australasia are scattered at present 38 avowed practitioners; of these, 16 are in Victoria, 6 in New South Wales, 6 in Tasmania, 4 in South Australia, 4 in New Zealand, 1 in Queensland, and 1 in Western Australia.

We have no periodical nor permanent literature.

All medical practitioners on entering any part of Australasia for the purpose of practicing medicine must first of all pass the State Medical Board, and become registered. The applicant is not required to pass any examination. His certificates are looked into and if from a high standard school are accepted. Lately the law has been amended and applicants in all States, except Victoria, must have a diploma from a school where they have not less than a five years' course in medicine and surgery. The same alteration is talked of for Victoria in the near future.

The old school men of Australia would like to see legislation passed that would keep out all but the holders of degrees obtained in schools of Great Britain and the Colonies, and in some of the States the law has already been altered to that effect. Our relations with the dominent school are much the same as is the case in other parts of the world, and we are generally advised to study the commandments and attend to our own affairs, which most of us try to do.

HOMŒOPATHY IN MEXICO.*

BY FRANCIS MCMILLAN, M.D., MEXICO.

The history of homœopathy in Mexico is one of great interest to its adherents, as Mexico is, I believe, the only country in which homœopathy has received recognition by the Government equal to that given the regular school.

In 1893, through the efforts of four Mexican physicians, who had become homœopaths by reading homœopathic literature, the attention of President Porfirio Diaz and the Ministro de Gobernacion, Sr. Manuel Romero Rubio, was called to homœopathy, and upon considering the facts presented to them by these physicians, permission was granted to establish a homœopathic hospital. In Mexico all hospitals and medical colleges are supported by the government and an appropriation was made for the homœopathic hospital.

Three years after, in 1896, so successful was the hospital, that, in connection with it, a medical college was established. President Diaz and Sr. Romero Rubio, the father of the beautiful wife of the president, sometimes employed homœopathic physicians in their families, and so kindly was the feeling for the new school that, in spite of the fact that from time to time much pressure has been

* Read at the International Homœopathic Congress at Atlantic City.

brought to bear by men of the other school to abolish the homœopathic institutions, they have continued to exist, supported by the Government.

The hospital at first consisted of one building, a part of the old Spanish Arsenal, built during the Conquest, and which still bears the Spanish arms carved in stone over the doorway. This ward contained about fifteen beds — and now other buildings have been added and there are sixty beds, and also a ward for contagious diseases, and operating room and lecture rooms for the students, besides a kitchen and nurses' rooms. None of the buildings are large, are only one story high, in Mexican style, and separated from each other by the walks of a pretty garden. The patients are poor people, as there are no pay wards, and usually every bed is occupied. About $500 dollars a month (silver) is appropriated to the hospital by the Government.

Dr. Joaquin Segura y Pesado, the president of the College and Hospital, is the man to whom homœopathy owes its position in Mexico. A man of distinguished family, charming personality and the highest culture, it was due to his personal influence that the President and his minister extended their protection to the new school of medicine. Dr. Segura was at one time an allopath and attended the Post-Graduate School in New York where he became quite friendly with Dr. Reginald Beach, also a convert to homœopathy, and from which I had a letter of introduction to Dr. Segura. After his conversion to homœopathy Dr. Segura's devotion was complete, and Hahnemann has never counted amongst his followers a more consistent or successful believer.

Associated with him in the founding of the hospital were Dr. Ignacio Fernandez y Lara, Dr. Ignacio Montano and Dr. Fernandez Gomez y Suarez—all pure homœopaths.

The college course covers five years and there have been about thirty graduated from the school. The usual curriculum is followed but the greatest stress is laid upon materia medica and the study of the Organon. The purest homœopathy is taught, though not in the high potencies. Few operations are done compared even with homœopathic hospitals in other countries. These men believe in the indicated remedy above everything, and their results are simply marvelous. Only clear water and gauze are used in dressings. Much of the college instruction is given directly at the bedside. Every day clinics are held in the wards under the different professors. Advanced students are assigned cases as they come in and report the history from day to day to the professor in charge.

On first coming to Mexico, I went to the hospital three times a week to these bedside clinics held by Dr. Fernandez de Lara. I presume none of the physicians or students had ever seen a woman physician before, but never, even in my college days in Cleveland where they are particularly courteous to their women students, have I met with such courtesy and chivalry as shown me by these gentlemen. The best place was mine, the first opportunity to examine the patient after Dr. Lara, was offered me, and my scanty Spanish was

always supplemented by English explanations either from Dr. Lara or one of the students who possessed that accomplishment.

Ever since I have been in Mexico I have invariably met with the greatest friendliness from these physicians who have been genuinely interested in my success in my practice among the Americans.

There are at present about twenty-five students in the college. Nearly every year a class of from four to five is graduated, but the examinations are strict and there is no hesitation about "plucking" a student. These men wish only thorough homœopaths to hold their diplomas. There are in all thirty-eight homœopaths in Mexico who hold diplomas, but unfortunately many pretend to be of our school who are not legitimate graduates.

The faculty of the college has the privilege of examining foreign homœopaths who come here. Dr. Ezra Lines is the only American who has passed the examination. It covers about three days and is a fair practical test, though only a pure homœopath would be successful. My deficiency in Spanish has heretofore kept me from attempting it, though I hope to do so before the year is out.

On Dr. Hahnemann's birthday, the faculty and students hold a celebration—sometimes in the form of a dinner, sometimes a fiesta at the Tivoli. I doubt if more enthusiastic homœopaths exist in the world than these in Mexico. Many of them speak English, and all of our best books are found in both the college and their private libraries. They admire Kent greatly, and Nash is their model. To have known either of these men is at once a passport to their hearts.

From time to time, homœopaths from the States, visiting in Mexico, have called upon me and I have taken them to visit the hospital, and their reception is always most cordial. Dr. Hanchett, of Council Bluffs and Dr. Sarah J. Millsop, of Kentucky, were both much interested in the work done here.

My own position in Mexico is somewhat different from that of the Mexican physicians. A foreign physician, by paying a license each month, may practice but may not sign a death certificate or collect a fee in law. Out of about twenty-four American physicians, I am the only homœopath (or woman physician) in the city, and, since Dr. Lines, of Monterey, has had to give up his practice because of ill health, the only one in the Republic.

Naturally in the American colony there has been a demand for an American homœopath and a woman physician, so that I have established a very good practice in the four years and a half of my residence here. It has been pioneer work, however, but I think I have upheld my school with credit, andI hope in the coming years to put homœopathy on the top of the heap. The best allopathic physicians have been friendly to me and are quite ready to meet me in consultation. This is sometimes necessary, as Americans are rather inclined to prefer American physicians to any others. There is a very good American hospital here, with American physicians and nurses in charge, supported by contributions from Americans. All American physicians take patients there, and mine are as well cared for as those of the other school. Tourists who are taken ill here can have as good care as in any hospital in the States.

One very interesting feature of my practice is that I have patients from all the different homœopaths in the United States, and even have one man who came from Dr. Clarke of England. I am always very happy to see the physicians from the States who come here on pleasure trips, and trust any coming in the future will look me up. I enjoyed a call from Dr. Runnels, of Indianapolis, last winter, and recently one from Dr. Dewey of the *Century*.

San Juau de Letrau No. 12,
Mexico, D. F.

THE CONSIDERATION OF MODALITIES IN PRESCRIBING HOMEOPATHIC REMEDIES.*

BY W. A. DEWEY, M.D., ANN ARBOR, MICH.

What are usually termed the modalities of a drug, when referring to our pathogeneses, are the influences which change or modify its action.

In all nature we have these modifying influences; in plant life we find them in the temperature, humidity and environments of soil and climate; in animal life we note similar conditions.

In sickness and disease these modifying influences are almost legion. We find our patients better or worse on certain days or times in the day; position, temperature, heat, cold, humidity, day and night, all modify for better or for worse many illnesses, or perhaps better said, many patients.

The modifying features of a given illness may be due to that illness itself. We find deep breathing aggravates invariably certain stages of pleurisy. We find that heat will invariably relieve certain pains. These are what we might term pathognomonic modalities and belong rather to the disease than to the patient, and consequently are of less importance, I believe, in prescribing than those modalities that are characteristic of the patient.

In our pathogeneses we recognize the modalities as serving to indicate the character of the drug, to individualize it, to precisionize it. Without these modalities our knowledge of a drug's action would in many instances be devoid of clearness and hence crude. Withdraw from the pathogenesis of rhus toxicodendron all its modalities and what would we have left upon which to prescribe this medicine? And not only with rhus, it is the same with nux, sulphur, in fact every remedy.

Every drug has an environment for the full and free manifestation of its individualities, just as a plant thrives best in soil and climate suited to it. To be sure, it will grow in soils and climates unsuited to it, but it will be dwarfed and stunted. Drugs likewise may act where the environment is lacking, but the best effect will be where it is present.

A good example of a drug that depends largely upon its modali-

*Read before the International Homœopathic Congress at Atlantic City.

ties for its accurate employment is lachesis; most of its good characteristics are modality characteristics; thus the aggravation after sleeping, from touch, from tight clothing about the neck, are examples of this. Indeed, it would be difficult to prescribe it as its pathogenesis now stands without paying attention to its modalities.

It is sometimes difficult to determine the value of a modality, and doubtless our pathogeneses teem with many that are valueless, often exciting ridicule.

It is our belief that too much value for the purposes of accurate prescribing, cannot be placed upon a well and repeatedly observed modality. It often serves to decide between drugs of similar action, or to apply a drug in difficult patients with similar diagnosed diseases. In other words it frequently diagnoses our prescription.

In re-proving our materia medica we should be particular to elicit all possible modalities, for they are in reality an essential part of every symptom and we do not believe that a real good homœopathic prescription can be made without them.

IS HOMŒOPATHY A PART OF RATIONAL MEDICINE?

Editor New England Medical Gazette.

My dear Sir: It goes without saying that if the broadest meaning of the word *rational* is to attach to it in the term *rational medicine*, we homœopathists regard homœopathy as eminently belonging to rational medicine. With this broadest meaning of *rational* the term *rational medicine* would include, too, such empiricism as is based upon past practice. Indeed, if the broadest meaning of the word *rational* is to attach to that word in the term *rational medicine*, rational practice is really the whole thing, for any practice for which there is good reason is rational.

But to clear thinking and to intelligible discussion classification of practices is necessary, and it is customary to divide medicine into at least two classes, viz., rational medicine and empiricism—the former characterized by regard for a priori reason, the latter by regard for a posteriori reason. Now, whatever the reasons leading one to accept the law of similars (whether chiefly a priori or chiefly a posteriori), the law once accepted becomes an a priori reason for the administration of a similar in a particular case. If, therefore, we consider, as the only characteristic of rational practice, its regard for a priori reason, we shall have to insist that homœopathy is a part of rational medicine. In that case we may note one thing which differences homœopathy from, and marks it as transcending the possibilities of, anything else in rational medicine. In any given practice of homœopathy there is sought an immediate end (i.e. an end to which no other end is mediate) *not* in itself knowable, while characteristic of the rest of rational medicine is, that an end must be sought in itself knowable. To make the point clear, let us define the cure of which similia similibus curantur is the law. It is an im-

mediate change (i.e. a change to which no other change is mediate) from what is abnormal to what is normal (or approximately normal) in vital processes. This specified change in vital processes is not in itself knowable; and, for this reason, there is no rational way of attempting it else than under the law of similars.

Shall we, because the law of similars is, in a given case, an a priori reason for choosing a similar, classify homœopathy as a part of rational medicine; or shall we, because the cure of which similia similibus curantur is the law transcends the possibilities of any rational medicine else than homœopathy, classify homœopathy by itself, and recognize *rational practice* as a technical term applicable only where an immediate end in itself knowable is sought? In what way one answers this question, is of less importance than that he clearly understand the significance of the question: that is of vast importance.

CHARLES S. MACK, M.D.

La Porte, Indiana.

"An old lady, 84 years old, during the past winter was attacked with severe pain and the accompanying symptoms in her wrist. Traumatism as a cause could be eliminated; the absence of any febrile condition and the general lack of constitutional involvment made the diagnosis of impending rheumatic fever untenable. I have never before or since seen such swelling of the hand and the fingers with the attendant discomfort, and when I tell you that under the use of apis in seventy-two hours the whole difficulty cleared up, you will not doubt my contention that the remedy was responsible for the change."

Of rhododendron, a little understood or a much neglected remedy in the treatment of rheumatism,—in comparison with rhus tox., an old and tried friend in rheumatic troubles, we note the following:

Rhododendron. Pains do not admit of the limbs being at rest, and moving relieves at once.	*Rhus tox.* First movement aggravates the pain, but continued motion only relieves.
Rhododendron. Aggravation of the pains at night, but especially in the morning.	*Rhus tox.* Aggravation of pain during evening and night.
Rhododendron. Rheumatism, especially in warm weather.	*Rhus tox.* Rheumatism in the cold season.
Rhododendron. Symptoms worse before a storm.	*Rhus tox.* Symptoms worse after a storm.

Frederick B. Percy, M. D., in The Hahnemannian Monthly.

A number of methods have suggested themselves to me, whereby we might with dignity and credit to ourselves meet this demand for unity of medical schools. One is this: Suppose our American Institute were to select from its membership, ten men strong and true, who are our recognized experts in the homœopathic materia medica and men of analytical minds, men in whose faithfulness we would place our abiding trust; request the old school to select from their national body an equal number of careful, scientific men. Allow these members so selected to form a commission for the sole purpose of making provings of three or four of our more common remedies and to further test the law of similars in the most rigid manner. Place at the disposal of this commission sufficient funds to enable it to make the most scientific provings ever yet made. Let the drugs selected for provings be those which the old school has used empirically for years, like china, mercury, strychnia or arsenic, and which we have used homœopathically for years. After a proving had been made satisfactory to the commission, then let it determine if possible what, if any, effect those remedies have upon diseased conditions, whose manifestations are similar to those produced by the drugs proven.—*DeWitt G. Wilcox, M.D., in the North Am. Journal of Homeopathy.*

EDITORIAL

Books for review, exchanges and contributions—the latter to be contributed to the GAZETTE only, and preferably to be typewritten—personal and news items should be sent to THE NEW ENGLAND MEDICAL GAZETTE, 80 East Concord Street, Boston; subscriptions and all communications relating to advertising, or other business, should be sent to the Business Manager, Dr. WILLIAM K. KNOWLES, 40 Mt. Pleasant Ave., Roxbury, Mass.

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Reports of Societies and Personal Items should be sent in by the 15th of the month previous to the one in which they are to appear. Reprints will be furnished at cost and should be ordered of the Business Manager before publication.

A COMMENT ON THE INTERNATIONAL CONGRESS.

The seventh Quinquinnial Homœopathic Congress has passed into history. And its history is that of a success. We do not fear contradiction, in saying that of the great number who were present, very few, if indeed any, left Atlantic City regretting the trouble or the expense that were the price of their sojourn there. We cannot claim that the occasion had no drawbacks, no regretable features, no clogs on the wheels of its even and pleasant progress. Such in truth there were, some avoidable, some unavoidable. Chronic fault-finders, if such there were, found undeniable opportunity for their favorite exercise. But admitting all these, we repeat that the Congress viewed as a whole, scored a dignified and worthy success.

Not in the spirit of the chronic faultfinder, but in that of those who "from bygones learn to meet by-comes," it may be well to frankly mention a few of these clogs on the wheels of smooth progress, briefly noting some as avoidable, some as unavoidable. Conspicuous among the latter was the the all but intolerable heat which vexed the occasion from beginning to end. If comfort, meterologically speaking, could anywhere be reasonably expected, surely it would be in a town situated on the very verge of the ocean, and in mid-September. Instead of such comfort, we were visited with six days of fierce sun and soaking humidity, varied only with violent thunder-storms, which left no amelioration behind them. Add to this a very plague of mosquitoes. which justified the maddest of newspaper jokes as to the possibilities of that insect in the State of New Jersey, and one has a combination of unforeseeable and unavoidable circumstances, which strained even professional patience nearly to breaking. Of drawbacks that were less unavoidable, the chiefest was the holding of the scientific sessions on a pier around and

under which the waves so surged and beat, as to make speaking a painful and fatiguing effort, and listening a weariness too often all but unrewarded. Some of the affiliated scientific societies early cut the gordian knot of this difficulty, by securing meeting-places in one or another hotel; but for the great number of attendants on the Congress, such wholesale shift was obviously impossible; and a a harvest of laryngitis, aphonia, and nerve-strain was reaped from this unfortunate state of things. Moreover, the consequences of departing from the excellent practice of holding all the most important meetings under a single roof, and establishing headquarters there, as well, were an unusual lack of the intimate society unity, the "family feeling," if one may so phrase it, which is in general so characteristic of the Institute's assembling. Here, at least, is a "bygone" with its lesson for the "bycomes." For the rest—for we would not have our comments take on the nature of a Jeremiah—we may summarize, with the suggestion that in the near future there may be formulated, for permanent use, a set of instructions for all those having in charge either meetings of the Institute or the Congress; these instructions to cover all details necessary to be provided and overwatched, to secure the smooth running of the very complex machinery of a great gathering of the sort referred to. Such a set of instructions, formulated from the joint experience of those most familiar with such details, would be an invaluable safeguard of the comfort of future meetings; and the possibility of their being easily carried out, would be an admirable touchstone to determine the relative values of proffered places of meeting.

Looking at the Congress even from its material side, one sees far more than occasion for repining or for warning. No meeting place could have offered more abundant and varying lodgment than did Atlantic City; or hotel appointments more ideally up-to-date. Guests found uncommon opportunities for novel entertainment in the delights of the "Board Walk" and the pleasures of the "Rolling Chair;" and innumerable attractions in the line of "shows" offered ample beguilement. Facilities for impressive banqueting were unusually excellent. Private hospitalities were lavish and gracious. Even objectively, the occasion has many bright memories.

On its scientific side, the Congress was an unequivocal and memorable success. The foreign delegates, actually present, were less numerous than distinguished; but foreign homœopathy had unprecedentedly ample and interesting representation. Reports on the status of homœopathy were presented and read from Australia, Tasmania, New Zealand, India, Italy, France, Germany, Holland,

Great Britain, Brazil, and Mexico. Pictures of homœopathic institutions abroad lent graphic interest; and scientific papers from our foreign confreres offered rich gleanings of original thought and ripe and valuable experience. The forthcoming volume of Transactions will be found a veritable miniature cyclopædia of suggestion and instruction along lines familiar and unusual. Every general practitioner, every specialist, found material in his own line, offered to the limit of his power of assimilation; and every listener to the vividly animated discussions, as well as every participant in them, will long carry into his work, the effects of the keen and wholesome stimulation of the atmosphere of trained and enthusiastic thought, there breathed.

One of the most successful and encouraging features of the Congress was the Materia Medica bureau. In no particular do the characteristics of homœopathy more definitely assert themselves than in the study of materia medica, and no bureau so surely attracts a large, attentive, intelligent, and enthusiastic audience as does the bureau of Materia Medica. This was exemplified at Atlantic City, for this bureau opened its session at 10.30 A.M., and, with recesses for lunch and dinner, continued its work until 10.45 P.M. Even at this late hour the attendance seemed undiminished. The papers read were varied and stimulating, and the discussions temperate and earnest. The day was made especially memorable by the presentation to the Congress of Dr. John H. Clarke's "Dictionary of Practical Materia Medica" in three volumes recently completed, and its companion "Repertory," and of Dr. Howard P. Bellow's "Test Drug-Proving of the O. O. and L. Society," which had just left the press. On its scientific side, the Congress offered an average of work and thought, of which any body of workers may be honestly and justly proud.

Those who are interested in future Congresses will rejoice to learn that a permanancy which it has not heretofore known was given to the International Congress by the adoption of a "Form of Organization," whereby an Executive Committee was instituted, consisting of a permanent secretary, who shall be chairman, and the presidents of all national homœopathic organizations.

The social side of the Congress, though, as we have already suggested, suffering somewhat from lack of concentration, nevertheless afforded much that was memorable and delightful. Our foreign delegates were heartily welcomed, and responded with every grace and cordiality to that welcome. The Anglo-Saxon alliance was, on its medical side, very materially strengthened by the friend-

ships there formed or renewed. Our debt is indeed great, to the foreign homœopathic societies, who sent us such delightful representation.

The GAZETTE must express its pleasure that so large a delegation of New England physicians testified to the living interest of our part of the country in the Congress and its purposes. It is estimated that over one-ninth of the physicians present, stood registered as from some New England state. A showing to justly rejoice in.

It must not be forgotten what measure of the success of the Congress was due to the ability of its presiding officer, Dr. J. H. McClelland, whose firm and tactful rule held the occasion in order and rhythm.

The Institute, as was promised, in no wise suffered in opportunity, for its fusion for the year, with international interests. The Institute's business moved satisfactorily and to good result.

The "bycome" which draws most immediately from the "bygones" so lately passed is the decision that the Institute next year meets near historic Jamestown, within a few miles of the great Exposition, which is to signalize the ter-centenary of the settlement of Virginia. Such a prospect should surely lead to a long shaping of plans for participating in an occasion so unique and memorable.

DRUG PROVING.—*The University Homœopathic Observer* for August, 1906, contains much that should interest all homœopathic physicians, as it publishes the first report of its Department of Drug Pathogenesis. Fourteen students have been under the direction of the department during the year, each having signed the following agreement:

"We, the undersigned, do hereby agree on our honor to follow the rules and regulations laid down by the Department of Drug Pathogenesy of the Homœopathic College of the University of Michigan during the proving of a drug. We agree, during the time which we board at the Homœopathic Hospital, to use no other food or drink than that which is provided for us, with the exception of water, and that any water not used at the table will be measured and reported daily as part of the ration. We agree to continue the regular habits of life, to indulge in no unusual excess of labor, exercise or pleasure, and if tobacco be used it shall be used at such times and in such amounts as will be agreed upon between ourselves and the director of the department. We further agree that we will not hold the Homœopathic College or the University of Michigan, or any person connected therewith, responsible for any illness or accidents that may occur during or may follow the proving of a drug."

These students have been carefully selected with the object of testing those as nearly physically perfect as possible. A special table was provided for them in their hospital, and all of their actions were carefully watched. The drugs as investigated were copaiba officinalis and euonymus atropurens, given in various strengths from tincture to the sixth dilution. Certainly such work as this should prove to be of great value to the School and to the cause at large.

BOOK REVIEWS

The Test Drug Proving of the O. O. and L. Society, A Reproving of Belladonna. Edited by Howard P. Bellows, M.S., M.D., Professor of Otology. Boston University School of Medicine. Boston. 1906. 665 pp.

It is not often that a book reviewer has the pleasure of passing judgment on anything particularly new in medical literature. Text-books are much alike, the evolution of the modern medical text-book having been a matter of many generations. A book, however, that presents many novelties is the one before us. Homœopathic literature contains many text-books on Materia Medica, but in scope, arrangement, and purposes, this work differs from them all. It is the story of an unusually thorough study of the pathogenesis of a drug by specialists in medicine, in accordance with the strictest laboratory methods. It is very properly called a test proving, because one of the objects in undertaking it was to show whether modern methods were any more satisfactory in their results than the older ones. The book itself tells the entire story of the inception and execution of the idea. And it is worthy of note that the work was accomplished not in any hurried, slipshod manner, but that not less than six years were devoted to its production. It is an interesting coincidence that the time which elapsed between Hahnemann's first conception of the idea of drug provings in the healthy to ascertain their curative value to the publication of his first essay on this subject was also a period of six years. The book offers to the profession one of the most extensive studies of provings ever made. The pathogenetic symptoms of Belladonna in moderate doses upon healthy persons are presented unmixed with symptoms produced by poisonings, over-dosings, or local applications.

It should be emphasized that this book presents something more than a proving or re-proving of belladonna. It is intended to do more than present to the general practitioner a symptom-list of drug action; it is intended to do more than furnish specialists in eye, ear, nose, throat, and other diseases with the studies of symptoms that might be particularly useful to them in their practices. In addition to these things it tells with minutest attention to detail how a proving should be made in order to develop with exactness the minutiæ of drug action. As pioneer work its value is incalculable.

The introductory portion of the book covering some fifty-seven pages is devoted to the history of the test, showing what progress was made from year to year; acknowledging the receipt of subscriptions from medical societies and individuals, giving some idea of the manner in which expenses were defrayed, and including a list of the various examining boards which participated in the work. No fewer than ten of the largest cities in the Union are represented on these examining boards. The membership of these boards plus the fifty-three provers shows that upwards of one hundred and seventy persons co-operated in this vast work. It partakes, therefore, of a national character. A very valuable part of the introductory portion is the chapter which contains selections of the blank forms used by the examiners of the provers, as well as rules and directions for the guidance of directors, examiners and provers. For future work in drug proving the chapter which presents these forms must be looked upon as one of the most valuable in the book, for improvement in results can now come only with improvement in methods.

The bulk of the book is utilized as follows:

1. Two hundred and eighty-three pages are devoted to the narratives of the provers made from their day-books and edited by the general director; to which are added the records made by the examiners of the provers before, during and subsequent to the proving, including urine and blood investigations, objective conditions observed in eyes, throat, skin, etc., and interpretations and comments by directors and examiners, and showing also in the synopses of the provings the order in which symptoms developed and the frequency of repetition of the symptoms. These symptoms are novel and certainly very valuable features of the book.

2. One hundred and fifty pages are devoted to showing the results of the provings in a "New Schematic Form," which is based on a physiological or systemic plan. Symptoms are presented in groups so arranged as to show the order in which they developed, and by the use of numeral exponents is also

shown the number of provers who experienced the symptom and the number of days on which it was recorded. Like all schematic presentations of drug-symptoms an index of some sort is needed to assist in finding a symptom.

3. One hundred and twenty-two pages are devoted to the presentation of the symptom in the "Old Schematic Form;" this being the well-known Hahnemannian anatomical order.

4. Sixteen pages are devoted to a very condensed summary of provings and examiners' records showing by arrangement and numeral exponents the order of development and frequency of recurrence of symptoms.

5. The last chapter of the book presents an "Experimental Study of the Effects of Belladonna upon Animal Tissues," illustrated by photomicrographs; the ante-mortem symptoms, the post-mortem conditions and the morbid histology of tissues and organs being presented in a condensed and lucid manner.

A short appendix gives the presidential address of Dr. Bellows before the O. O. & L. Society in Washington in 1900, which address must be looked upon as the starting point of this memorable test; and also an address entitled "Future of Drug-Proving in the Light of the Test-Proving of the O. O. & L." delivered by Dr. Bellows before the American Institute of Homœopathy in June, 1903.

It will thus be seen that the work is to be looked upon as a distinct innovation in homœopathic literature, and as one which reflects the greatest credit upon all those who participated in it, and particularly upon the industry, perseverance and enthusiasm of the general director and editor. The task was simply enormous, and one not easily appreciated by reading the carefully arranged and interesting story which he has presented. As an instance of pure, original research work this investigation stands unparalleled in the study of drug pathogenesy. For thoroughness and completeness the book is destined to remain for a long time a model. Its value is not confined to its qualities as research work, for its addition to our knowledge of the pathogenesy of belladonna is something that may be of everyday value to the specialists and general practitioner in the palliation of suffering and the cure of disease.

BOOKS, PAMPHLETS ETC., RECEIVED.

A Non-Surgical Treatise on Diseases of the Prostate Gland and Adnexa. By George Whitfield Overall, A.B., M.D.

Principles of Serum Therapy. By Henry G. Graham, M. D.

Hygienic Laboratory.—Bulletin No. 30.

Diseases of the Nose, Throat, and Ear. By Kent O. Foltz, M.D.

The Problem of Eye Strain. By David W. Wells, M.D.

The Relation of the Pauper Inebriate to the Municipality and the State from the Economic Point of View. By Lewis D. Mason, M.D.

Some of the Limitations to the Eradication of Tuberculosis. By Charles Denison, A.M., M.D.

Mysophobia. With Report of Case. By John Punton, M.D.

Transactions of the Homœopathic Medical Society of Ohio for 1906. Dr. L. K. Maxwell, Toledo, President; Dr. H. F. Staples, Cleveland, Secretary; Dr. T. T. Church, Treasurer.

SOCIETY REPORTS.

HOMEOPATHIC MEDICAL SOCIETY OF WESTERN MASSACHUSETTS.

The quarterly meeting of the Homœopathic Medical Society of Western Massachusetts was held at Cooley's Hotel, Springfield, on Wednesday, Sept. 19, at 11.30 A.M.

The president, Dr. Robert F. Hovey, presided.

After reading the records of the last meeting, Dr. J. B. Comins, the secretary, reported that he had sent $50 to the Meissen Society of California, as a contribution toward the assistance of those who lost their property in the San Francisco disaster.

Business Session

1. Reading reports of last meeting.
2. Proposals for membership.
3. Unfinished business.
4. New business.

Report of the delegate to the meeting of the American Institute of homœopathy

The meeting was then placed under the direction of Dr. E. W. Capen of Monson who had charge of the scientific session. The following program was then presented.

Scientific Session

Bureau: Materia Medica and Practice.

1. Scope and Value of Blood Examination by the General Practitioner. Dr. W. H. Watters, Boston, Pathologist to Mass. Homœopathic Hospital.
2. Exophthalmic Goitre. Dr. S. E. Fletcher, Chicopee.
3. Anæmia and its Treatment. Dr. H. C. Cheney, Palmer.
4. Splenic Abscess. With Case. Dr. E. W. Capen, Monson.

At the close of the discussion of the first paper the members present adjourned to dinner, after which the other papers were presented and freely discussed. The entire meeting was enthusiastic, and much interest was manifested, not only in the subjects under discussion, but in the progress of the new Wesson Memorial Hospital, now nearing completion.

BRITISH MEDICAL ASSOCIATION.

For the second time in her history, Canada is acting as the host of the British Medical Association, this time in the city of Toronto.

Nearly two thousand members and visiting physicians are present, repre senting nearly every part of the British dominions as well as many other countries. Following Canada, which, of course, has the largest representation, comes Great Britain with more than six hundred representatives. The United States makes a very good third, thanks to the invitation given to the American Medical Association. As to the number of those presenting papers, the United States will probably stand second, if not first, in representation.

The meetings are held in the various buildings of the University of Toronto. Clinics begin at the hospitals at 8.30 each morning and at 9.30 A.M. the various sections busy themselves till 1 P.M. General meetings and garden parties occupy the afternoons, while the evenings are devoted to social events.

Three general addresses are listed as follows:

"The Circulation Viewed from the Peripheral Standpoint". By Sir James Barr. "The Technique of Operations on the Central Nervous System." By Sir Hector Horsley. "The Teaching of Obstetrics." Dr. W. S. A. Griffith.

The usual social events as luncheons, dinners, garden parties, and excursions are being enjoyed by a large number.

Beginning with the opening of the meeting on Aug. 21, the weather has been torrid, the humidity extreme, and the general conditions uncomfortable. It does not, however, apparently mar the pleasures of the occasion for the visitors, although detracting somewhat from the formality usually noted. Many of the members from "across the pond" are receiving object lessons concerning Canadian temperature. One box arrived here from England, containing specimens, on the outside of which was the warning, "Please protect from frost." The remarks of the perspiring porters, when this came, were anything but frosty.

One feature, conspicuous by its absence, is the large number of practical or clinical exhibits that made the Boston meeting of the American Medical Association so valuable and instructive. The many papers of unusual interest do much, however, to make up for this lack. Instead of the "scientific exhibit" of the American Medical Association, is the "Pathological Museum," to which various schools contribute specimens. In this museum Boston University School of Medicine is represented by more than five hundred specimens illustrative of its original method of preservation of tissues. This is the largest exhibit here, occupying an entire room, and it is very largely attended by the profession. Much information is being continually given concerning Boston University, its

medical department, clinical facilities, and quality of graduates, to men heretofore unaware of its very existence. The fact that it is a homœopathic institution creates considerable surprise, but this has been accompanied by very little unfavorable comment.

A special convocation of the Faculty of Toronto University confers the honorary degree of Doctor of Laws upon a number of the distinguished guests, among whom are Prof. Clifford Albutt, Prof. Barbour, Sir Thomas Barlow, Sir James Barr, Sir William Broadbent, Prof. Halliburton, Sir Victor Horsley, Prof. Aschoff, Dr. W. J. Mayo, and others.

The address of Sir Victor Horsley, giving his results of brain surgery, has opened a field that to the majority of surgeons is entirely unknown. To handle the cerebellum, elevate the lobes of the cerebrum so as to expose the pituitary body for removal of tumors, etc., requires a master hand and a daring possessed by but few.

Time prohibits extensive notes on the many valuable papers, all of which become the property of the British Medical Journal, and may be obtained therein. The meeting is eminently successful, and will give much credit to Canada, and particularly to Toronto, the host.

(The above report was written from Toronto at time of meeting and intended for September GAZETTE, but had to be carried over.)

HOSPITAL BULLETIN.

NEW INTERNES.—Drs. Chas. R. Bell, H. F. Cleverly, H. C. Hubbard, and L. G. Howard (B.U.S.M. 1906) took positions as internes at the Massachusetts Homœopathic Hospital on Oct. 1, 1906. The service will be for one year.

CHILDREN'S DEPARTMENT.—The trustees of the Massachusetts Homœopathic Hospital have recently procured a large house situated on East Brookline Street, facing Franklin Square. This will be thoroughly renovated and will be opened early in the winter as a children's department of the hospital. There will be accommodations for about thirty patients. A small operating room will be provided, particularly suitable for the work of laryngologists. The completion of this department will enlarge the size of the entire hospital so that the total capacity will be over 260 beds.

THE BOSTON FLOATING HOSPITAL.—The Boston Floating Hospital has closed its work for the season, reporting most satisfactory results for its summer's work. About the middle of the summer the new boat was placed in commission, thereby much enlarging the accommodations, as well as giving at the same time better facilities for work. In all, over 4,000 days' care were given to permanent patients. Nearly 2,500 trips were given to day patients, not including mothers of sick children, who also made 2,500 trips. The work is one that should appeal to all charitably inclined individuals, as the population from which it draws its patients is one in which the children receive most scant care.

WE take the following item from the *Medical Record* of Sept. 8: A new hospital car has been built for use on the Erie Railroad. It is 60 feet long, with two compartments—an operating room, 15 feet 10 inches in length, and a ward, 43 feet 10 inches in length. In the operating room are an operating table, instrument sterilizers and lockers containing instruments and dressing material. The inside finish is of a composite board, without beading or carving of any kind, painted in white enamel; the floor is covered with white rubber tiling. The ward contains eleven brass bedsteads. Equipment boxes underneath the car are provided with crutches, splints, army stretchers, surgical implements, wrecking tools, and other accessories.

INSTITUTE NOTES

The special committee on the Congress voted to recommend to the American Institute of Homœopathy the election of the following Corresponding Members: Drs. J. Galley Blackley, John H. Clarke, George Burford, Edwin A. Neatby, and C. T. Knox Shaw, all of London, England; and Drs. Leon Simon and François Cartier of Paris, and Dr. Leon Brasol of St. Petersburg.

Drs. John H. Clarke, George Burford, and Edwin A. Neatby, all of London, England, made very brief visits to Boston during the week immediately following the Congress in Atlantic City. It was the privilege and pleasure of a few Boston physicians who could be hurriedly gotten together to tender a dinner to Drs. Burford and Clarke, and a lunch to Dr. Neatby. The visitors were shown the Mass. Homœopathic Hospital, B. U. S. M., and such of the Boston and suburban sights as could be crowded into twenty-four hours, and were kind enough to express themselves as well pleased with the Hub and the reception accorded them.

It is unusual for the Institute to get so excited over the selection of the place for holding its next meeting as it did at its recent session. Time that was sadly needed for other business was used by the eloquent advocates of rival localities, who with oratory of the "stump-speech" order tried to persuade the Institute that there was one and only one place in which to hold the meeting next year, and that place was the one they each represented. Finally, after the unusual recourse to ballot vote it was decided to hold the meeting at or in the vicinity of Jamestown, Virginia.

New England has again been honored by the American Institute of Homœopathy in the election of one of her ablest homœopathic practitioners to the dignified and responsible position of President of our national organization. Dr. E. B. Hooker of Hartford, Conn., the President-elect, has been a faithful worker in behalf of the Institute for many years, is a regular attendant at its sessions, and a familiar figure on the floor during scientific debates and business meetings. The Gazette takes great pleasure in extending to Dr. Hooker its most sincere congratulations on the honor which has justly come his way. His friends will doubtless recall the fact that Dr. Hooker is a graduate of Boston University School of Medicine.

The following were elected officers of the American Institute of Homœopathy for the ensuing year: President, Edward Beecher Hooker, M.D., Hartford, Conn.; first vice-president, James W. Ward, M.D.; health commissioner of San Francisco, Cal., and dean of the Pacific Coast Homœopathic Medicaal College second vice-president, W. E. Reiley, M.D., Fulton, Missouri; secretary, Frank Kraft, M.D., Cleveland, Ohio; treasurer, Thomas Franklin Smith, M.D., New York; registrar, Joseph Ball, M.D., Bay City, Mich.; censor, George H. Omay, M.D., Cleveland, Ohio; necrologist, C. B. Kinyon, Ann Arbor, Mich.

In addition to a dozen reports on the Status of Homœopathy in as many different countries, there were contributed to the International Homœopathic Congress the following papers by foreign colleagues: "The Reformation We Are in Need of," by A. C. Mukerjee, M.D., Calcutta, India; "Essentials of a Homœopathic Materia Medica," by John H. Clarke, M.D., London; "The Treatment of Cancer by a Neoformans Vaccine," by Edwin A. Neatby, M.D., London; "Two Nosodes in Pediatric Practice," by J. Roberson Day, M.D., M.R.C.S. L.R.C.P., L.S.A., London; "Practical Notes on Plague and Methods of Dealing with It," by Henry Edward Deane, M.R.C.S., L.S.A., Lt.-Colonel, Royal Army Medical Corps (retired), London; "Report on Saline Infusion in Cases of Post-Operative Shock and Hemorrhage," by George Burford, M.B., C.M., London; "The Effect of Light and Other Baths on Metabolism," by James Searson, M.D., L.R.C.P., L.R.C.S.I., London; "A Rare Form of Ectopic Gestation, with Cases and Specimen," by George Burford, M.B., C.M., London; "Pelvic Peritonitis," by James Johnstone, F.R.C.S., M.B., C.M., D.P.H., London. One of these papers was read by title only, and of one other a synopsis was read. All the others were read and discussed, and added much to the value of and interest in the Congress. Other papers had been promised from Brazil, France, and Holland, but from one

or another cause failed to come to hand. With such contributions, in addition to those furnished by the bureaus of the Institute, the Congress was in fact, as well as name, "International."

THE officers of the International Congress were: Honorary president, John H. Clarke, M.D., C.M., London, England, editor of the Homœopathic World, president of the British Homœopathic Society; honorary vice-presidents, George Burford, M.B., C.M., London, England, senior surgeon to the London Homœopathic Hospital, secretary of the British Homœopathic Association,; Pratap Chandra Majumdar, M.D., Calcutta, India, editor Indian Homœopathic Review, Francisco Garcia P. Leao, M.D., vice-consul of Brazil in New York; J. T. Wonters, M.D., Arnhem, Holland; W. K. Bouton, M.D., Melbourne, Australia, Surgeon to the Homœopathic Hospital; W. E. Green, M.D., Littlerock, Ark., president of the American Institute of Homœopathy; Hiram L. Chase, M.D., Cambridge, Mass., president of the Senate of Seniors A.I.H.; Edwin A. Neatby, M.D., L.R.C.P., M.R.C.S., London, England, gynecological surgeon to the London Homœopathic Hospital; C. T. Knox Shaw, M.B., C.M., London, England, surgeon to the London Homœopathic Hospital; James Searson, M.D., L.R.C.P., L.R.C.S.I., physician to the London Homœopathic Hospital; acting president, J. H. McClelland, M.D., Pittsburg, Pa., ex-president of the American Institute of Homœopathy; surgeon to the Pittsburg Homœopathic Hospital; acting vice-presidents, Eugene H. Porter, M.D., New York, editor of the North American Journal of Homœopathy; commissioner of Health, State of New York; Howard P. Bellows, M.D., Boston, Mass., professor of Otology, Boston University School of Medicine, ex-president of the O. O. and L. Society, general director of Provings, and editor of the Test Drug-proving of the O. O. and L. Society, etc.; permanent secretary, John H. Clarke, M.D., C.M., London, England; provisional secretary, J. Richey Homer, M.D., Cleveland, Ohio, secretary pro-tem. of the American Institute of Homœopathy.

GLEANINGS.

From "Dr. Grenfell's Parish." By Norman Duncan.

Dr. Wilfred T. Grenfell is the young Englishman who, for the love of God, practices medicine on the coasts of Newfoundland and Labrador. Other men have been moved to heroic deeds by the same high motive, but the professional round, I fancy, is quite out of the common; indeed, it may be that in all the world there is not another of the sort. It extends from Cape John of Newfoundland around Cape Norman and into the Strait of Belle Isle, and from Ungava Bay and Cape Chidley of the Labrador southward far into the Gulf of St. Lawrence—two thousand miles of bitterly inhospitable shore; which a man in haste must sail with his life in his hands. The folk are for the most part isolated and desperately wretched—the shore fishermen of the remoter Newfoundland coasts, the Labrador "liveyeres," the Indians of the forbidding interior, the Esquimaux of the far north. It is to such as these that the man gives devoted and heroic service—not for gain; there is no gain to be got in those impoverished places; merely for the love of God.

I once went ashore in a little harbor of the northeast coast of Newfoundland. It was a place most unimportant—and it was just beyond the doctor's round. The sea sullenly confronted it, hills overhung it, and a scrawny wilderness flanked the hills; the ten white cottages of the place gripped the dripping rocks as for dear life. And down the path there came an old fisherman to meet the stranger.

"Good-even, zur," said he.

"Good-evening."

He waited for a long time. Then, "Be you a doctor, zur?" he asked.

"No, sir."

"Noa?" isn't you? Now, I was thinkin' maybe you might be. But you isn't, you says?"

"Sorry—but, no; really, I'm not."

"Well, zur," he persisted, "I was thinkin' you might be, when I seed you comin' ashore. They *is* a doctor on this coast," he added, "but he's sixty miles

along shore, 'Tis a wonderful expense t' have un up. This here harbour isn't able. An' you isn't a doctor, you says? Is you sure, zur?"

There was unhappily no doubt about it.

"I was ihinkin' you might be," he went on, wistfully, "when I seed you comin' ashore. But perhaps you might know something about doctorin'? Noa?"

"Nothing."

"I was thinkin', now, that you might. 'Tis my little girl that's sick. Sure, none of us knows what's the matter with she. Woan't you come up an' see she, zur? Perhaps you might do something—though you isn't—a doctor."

The little girl was lying on the floor—on a ragged quilt, in a corner. She was a fair child—a little maid of seven. Her eyes were deep blue, wide, and fringed with long, heavy lashes. Her hair was flaxen, abundant, all tangled and curly. Indeed, she was a winsome little thing!

"I'm thinkin' she'll be dyin' soon," said the mother. "Sure, she's wonderful swelled in the legs. We been waitin' for a doctor t' come, an' we kind o' thought you was one."

"How long have you waited?"

"'Twas in April she was took. She've been lyin' there ever since. 'Tis near August, now, I'm thinkin'.'

"They was a doctor here two year ago," said the man. "He come by chance," he added, "like you."

"Think they'll be one comin' soon?" the woman asked.

I took the little girl's hand. It was dry and hot. She did not smile—nor was she afraid. Her fingers closed upon the hand she held. She was a blue-eyed, winsome little maid; but pain had driven all the sweet roguery out of her face.

"Does you think she'll die, zur?" asked the woman anxiously.

I did not know.

"Sure, zur," said the man, trying to smile, "'tis wonderful queer, but I *sure* thought you was a doctor, when I seed you comin' ashore."

"But you isn't?" the woman pursued, still hopefully. "Is you sure you couldn't do nothin'? Is you noa kind of a doctor, at all? We doan't—we doan't—want she t' die!"

In the silence—so long and deep a silence—melancholy shadows crept in from the desolation without.

"I wisht you *was* a doctor," said the man. "I—*wisht—you—was!*"

He was crying.

"They need," thought I, "a mission-doctor in these parts"

And the next day—in the harbor beyond—I first heard of Grenfell. In that place they said they would send *him* to the little maid who lay dying; they assured me, indeed, that he would make haste, when he came that way: which would be, perhaps, they thought, in "long about a month." Whether or not the doctor succoured the child I do not know; but I have never forgotten this first impression of his work—the conviction that it was a good work for a man to be about.

A doctor of the Newfoundland outports was once called to a little white cottage where three children lay sick of diphtheria. He was the family physician; that is to say, the fisherman paid him so much by the year for medical attendance. But the injection of antitoxin is a "surgical operation" and therefore not provided for by the annual fee.

"This," said the doctor, "will cost you two dollars an injection, John."

"Oh, ay, zur," was the ready reply. "I'll pay you, zur. Go on, zur!"

"But you know my rule, John—no pay, no work. I can't break it for you, you know, or I'd have to break it for half the coast."

"Eh, ay! 'Tis all right. I wants un cured. I'll pay you when I sells me fish."

"But you know my rule, John—cash down."

The fisherman had but four dollars—no more; nor could he obtain any more, though the doctor gave him ample time. I am sure that he loved his children dearly, but, unfortunately, he had no more than four dollars; and there was no other doctor for fifty miles up and down the coast.

"Four dollars," said the doctor, "two children. Which ones shall it be, John?"

Which ones? Why, of course, after all, the doctor had himself to make the

choice. John couldn't. So the doctor chose the "handiest" ones. The other one died.

"Well," said John, unresentfully, the day after the funeral, "I s'pose a doctor haves a right t' be paid for what he does. But," much puzzled, "'tis kind of queer!"

This is not a work of fiction. These incidents are true. I set them down here for the purpose of adequately showing the need of such a practitioner as Wilfred T. Grenfell in the sphere in which he now labors."

In the *Journal A. M. A.* for July, Willson answers the following question: What can be accomplished in the control of the social evil and venereal disease?

Everything, if every physician will but lend a hand; a great deal, with the few who are already openly able and willing to help. The effort is repaid if one boy or girl is thereby saved from venereal and moral infection. Would that there were no one in the medical profession who felt it necessary to see this movement become popular before offering his active approval! There are, indeed, practical methods, and following are a few that have been tried and have stood the test.

First and foremost: The physician is responsible for a sane understanding of the normal sexual functions among his own clientele. He can impart this knowledge to the individual, male and female, either in his office by word of mouth or through literature; but if necessary he has the lecture room at his elbow. One or the other method should be employed. The fantastic notions and the ignorance of otherwise intelligent adults regarding the normal sexual phenomena and the proper care and respect for their genital apparatus is not a high tribute to our supposedly unremitting thought for their welfare.

Second: Almost equally important is the instruction of fathers and mothers regarding the prevalence of the abuse of these functions, the reasons therefor and the consequences, including the statistics of the insane and blind asylums and of venereal disease, and the communicability of the latter. These data furnish the only argument needed to do away with the double standard of morals for the man and the woman. The woman suffers more and should, if either, have the greater moral license. The prevailing cry is, "Spare our children the need of learning these facts." You have been sparing them, my friends, for many a year, and your children are now grown. In spite of your consideration, or because of it, all they have learned is a smattering of the truth, usually in an inaccurate, unhealthy, unclean way, in jest or in song, from the stableman or the nursery-maid. The guttersnipe is far more apt in gaining the ear of your boy than his pastor; his lesson sinks deeper and is more lasting! The consequences, you must admit, deserve attention. Have you another remedy to suggest, or will you test the one offered? Will you tell him clearly that which he has a right to know about himself, or shall he hear the distorted story, as he surely will, from the hostler or the schoolboy degenerate? Shall the mother advise her girls of their high privilege in life, or shall they learn first of these things in gossip, in life, or, as sometimes occurs, from an infected and infectious husband? I heard a noted gynecologist exclaim only a few nights ago, after operating on a beautiful girl, "My God! I'd rather my daughters should never marry than see them on the table like that!" When I heard this cry I said again to myself, "The women, at least, must be given the opportunity of knowledge, and the right to intelligently choose between the diseased and the clean."—*Robert W. Wellson, M. D.*

The *American Physician* reports the following as an example of the possibilities that may occur in our attempts to use labor saving devices, and obtain pure milk;

From the Newcastle (Ind.) *Courier* we learn that an Iowa man has invented and patented a cow-milker, which consists of the following device:

"An eccentric three inches in diameter is attached to the cow's jaw. From this leads a wire connection with elastic nipples on the udder, each of which is fitted with a valve, making it an air pump when in motion. When the cow chews her cud the eccentric revolves and the wire is worked back and forth like a piston, creating suction in the nipples. The milk as it is drawn runs into a bucket sus

pended below. The invention will relieve dairyman of much tiresome and unpleasant labor.

We have just succeeded in getting a patent on the improvement of the machine to greatly help its usefulness. It is an electric motor to fasten on the cow, the electricity being generated by a small dynamo attached to her tail. She switches her tail, dynamo starts, motor is charged. It unhooks the pail and strainer. A small phonograph accompanies the outfit which yells "So" every time she moves. If she lifts her foot to kick, a little dingus slips over a device and the phonograph shouts "damit," and if she continues to kick, a hinged arm catches the milk stool and lams her on the back until it loosens a patch of hair as big as a dustpan.

A patent churn goes with the outfit that works the butter over and puts the pure butter in one jar and the hairs in another.

There is another source of the spread of typhoid fever which has been by no means sufficiently recognized, namely, that of a direct contact either with the patient or with fomites. Typhoid bacilli are frequently present, not only in the stools and urine of the patient, but also in his sputa, and those who attend him must be constantly exposed to the danger of soiling their hands with infected material. I met last summer with a most interesting case, in which the patient, a child, infected two nurses and the attending physician. All other sources of contamination could be easily ruled out. The experience of Koch and his pupils in several recent epidemics in the country districts in Germany go far to show that the spread of the disease by flies and by contact plays a more important part than has been previously realized.

It should be remembered that convalescents from typhoid may carry the vacilli in their system and spread about in their excreta for considerable periods of time. Experiments have shown that when a pure culture of typhoid bacilli is poured upon clothes the organisms retain their vitality for from two to three months, and it is highly probable that in the rolls of blankets such as are carried by the soldier they may live for a longer period of time.

In cities which are properly drained many of these dangers are much diminished, and in general the condition of the inhabitants is much better, with the one exception that in most American towns there is the ever-present danger of a general poisoning of the water supply.—*W. S. Thayer, M.D., Maryland Medical Journal*, Sept., 1906.

Calcarea Characteristics.—1. Great sensitiveness to cold, to damp cold, and easily catching cold.

2. Too early, profuse, and protracted menses.

3. Leucophlegmatic, plethoric, catarrhal.

4. Dentition complaints—otorrhoea, diarrhea; too slow or too rapid dentition; chewing motion during sleep.

5. Glandular swellings (especially about the neck.)

6. Diarrheic tendency; afternoon diarrhea.

7. Limp, sweaty hands and cold, damp feet.

8. Longing for eggs; aversion to meat (Ferrum: aversion to eggs and to meat.)

9. Local frigidities (abdomen, vertex, feet.)

10. Skin heals poorly; urticarial tendency.

11. Sourness: Sourness exudes from the emunctories, is vomited, sweated, urinated and defecated—a chronic rheum.

12. Chiefly right-sided—like belladonna, its acute congener

13. Sprains, dislocations and their results—when rhus fails.

14. Loose-jointed; easy dislocations.

P. W. Shedd, M.D., in The Hahnemannian.

"What is Homœopathy." In a paper entitled "What is Homœopathy," by Dr. Sisca of Australia, an allopathic physician, are found the following extracts:

"We are bound to acknowledge that homœopathy is a method of therapeutics based on three fundamental principles; which, though appearing to our uninitiated minds like absurdities and paradoxes, have yet stood the test of a

century of criticism and opposition, and for those who practice in accordance with them they are as true and reliable to-day as they were one hundred years ago when first proclaimed by the man who rediscovered them. Those principles are: (1) Similar similibus curantur—let likes be treated by likes; (2) small doses; (3) single remedy.

1. Similia similibus. In order practically to understand the meaning of this principle, which is the very kernel of homœopathy, we will do well, I think, if we make a brief excursion into our own allopathic field, and in so doing we could hardly choose a more reliable guide than Ringer's "Handbook of Therapeutics."

Beginning, for choice, with mercury, at p. 256 (eleventh edition), we read of mercury as purgative, while on the following three or four pages the perchloride in doses of one-eighth grain, and grey powder in doses of one-sixth and one-third grain, are recommended as powerful anti-diarrheics.

At p. 293 we find arsenic responsible for the production of eczema, urticaria, lichen, etc., while on p. 297 we read the statement that it cures psoriasis, eczema, lichen and pemphigus. At p. 417, the author speaks of ipecac as "a mild, tardy, but certain emetic," and on p. 418 he tells us that "few remedies are so efficacious as ipecac in checking certain kinds of vomiting."

Finally, to quote only one more instance from Ringer, at p. 493 we are told that jaborandi and pilocarpine are powerful diaphoretics and sialagogues, and on p. 495 we find the seemingly contradictory statement that pilocarpine is doses of one-twentieth of a grain checks profuse perspiration.

Now, have we, or do we know of any theory that could explain to us this kind of double dealing on the part of drugs, this, to all appearances, contradictory action? How can the same remedy produce and check perspiration, induce and check vomiting, purge and stop diarrhea? Ringer simply states that it is so, but does not say why. Shall we, then, accept the statement as we read it, and act upon it without inquiry, which, alas, we very often do, or shall we for once become inquisitive, and demand an explanation from those in authority? We should, of course, choose the latter as the more reasonable alternative; but if we do so, then we must try and find out things for ourselves, as those in authority may either, like ourselves, be unable to give a clew to the riddle, or else they may be unwilling. And, so far as I am aware, the only clew, the only plausible explanation of why a drug should act in two differently and seemingly diametrically opposite directions is the homœopathic principle similia similibus."—*The Medical Brief.*

Dreams—an allegory.—"At the door of Sleep a sentinel stands, an angel in grey garments. The crimson poppies crown her head. To enter that door, you must pass Our Lady of Dreams.

Sometimes she smiles as you enter, and sometimes there is only a careless nod. Often her clear, serene eyes make no sign of recognition, and at other times she frowns. But, whatever be the temper of the Lady at the door, your dream waits for you inside.

The parcels are all alike, so it is useless to stop and choose, but you must take one. Frequently, when you open it, there is nothing there but peaceful slumber, cunningly arranged to look like a dream.

Once in a thousand times it happens that you get the dream that is meant for you, because it all depends upon chance, and so many strangers nightly enter that door that it is impossible to arrange the parcels any differently.

When the night has passed, and you come back, it is always through the same door, where the patient sentinel still stands. You are supposed to give back your dream, so that some one else may have it the next night, but if she is tired, or very busy, you may sometimes slip through, and so have a dream to remember."—*Hospital Topics,* May, 1906.

Digitalis in Cardiac Diseases.—Digitalis is indicated in many forms of heart diseases associated with failing compensation and dilatation. Its most beneficial effects are seen in cases of cardiac dilatation associated with mitral disease, with small, irregular pulse, dyspnea, and dropsy. Its effects are also useful in aortic disease but the drug must be given cautiously in aortic regurgitation. In many forms of myocardial weakness and mild forms of degenration,

digitalis is a very efficient remedy. It acts not only as a stimulant to the heart, but by raising the blood pressure and increasing the flow of blood in the coronary arteries it aids in the nutrition of the heart muscle and thus assists in the production and maintenance of compensatory hypertrophy. Digitalis is contraindicated in simple hypertrophy, in advanced cases of fatty degeneration, aneurism and in conditions associated with high arterial tension. Where there is much sclerosis the drug must be watched carefully and if it raises the arterial tension too high one of the vaso-dilators, such as glonoine, should be given with it.—*Exchange.*

Liability Insurance.—Dr. Frank E. Allard, in the *Medical Examiner and Practitioner*, gives the following questions which the examiner should be able to answer satisfactorily to himself and the company in all cases of liability insurance.

First: Is the injury objective or subjective?

Second: Is the injury permanent? If so, to what extent will it be likely to disable the injured in the future performance of his usual occupation?

Third. What will be the probable length of partial or total disability?

Fourth. Is there anything in the family history, personal history and habits of the injured that will be likely to prolong the disability?

Fifth. Is the injured in any way attempting to exaggerate his injury?

Sixth. Is his physical and mental development such as to render him competent to exercise due care and caution in the performance of his duties?

Exercise in Cardiac Diseases.—It is frequently a very difficult question to decide the amount and form of exercise that will prove beneficial in a given case of cardiac diseases. A safe and practical rule to guide us is that any exercise that causes cardiac pain or marked shortness of breath must be avoided. All exercises should stop short of fatigue. Walking against a strong wind should always be avoided by patients suffering from cardiac disease. Exercise has been found to give beneficial results especially in neurotic affections, fatty infiliration, gouty conditions with no marked degenerative lesions, valvular lesions provided the myocardium is fairly healthy, slight degrees of myocardial degeneration and mild cases of senile heart.—*Exchange.*

Medicines in Cardiac Diseases.—Great harm can be done by the injudicious administration of drugs during the stage of compensation. The use of cardiac stimulants such as digitalis, strophanthus, etc., is not only useless but usually harmful. The remedies which should be thought of in this condition are those having a relation to general nutrition, as the iodide of arsenic (3x), ferrum (2x), ferrum phos. (2x), arsenicum (3x), aurum chlor. (3x), cactus grand. (1x.)—*Exchange.*

Diet in Nephritis.—Shattuck has long allowed his nephritis patients red as well as white meat, in fact he considers the difference heretofore made between the two to be erroneous. Green vegetables and fruits in season are not only permissable but beneficial.

His conclusions are:

1. Such control as we may have to-day of nephritis lies in diet and mode of life rather than in drugs.

2. Such drugs as are useful are so in their effect on the general organism or on the heart rather than on the kidneys directly.

3. In all cases of nephritis our broad aim is to spare the kidneys unnecessary work, not forgetting that the urinary is but one of the systems which comprise the body.

4. In acute nephritis, as well as in acute exacerbations of the chronic forms, Drs. Diet and Quiet should work together. Starvation for a few days, proportional to the intensity of the process and the strength of the patient, is the keynote of the dietetic management.

5. The excess of proteid, not proteid in itself, is harmful to the chronically sick kidney.

6. A varied is more likely than a monotonous diet to promote the manufacture of good blood and thus to promote good nutrition of the body in general and of the myocardium in particular.

7. The amount of albumin is in itself no guide as to the extent of dietary restrictions."—*J. A. M. A.*, Jan., '06.

Prostatic Hypertrophy.—Operative treatment has been undertaken reluctantly by the best of operators, and it must be said that results have been a high mortality even in favorable cases. If the patient is intelligent and will maintain aseptic precautions, if the prostate hypertrophy is regular in development so that there is not much difficulty in the introduction of the catheter, then the patient may be kept very comfortable and cystitis prevented by the use of the catheter, morning and night and the following of ordinary hygienic treatment. Unless, however, great care is exercised the use of the catheter is liable to be followed by infection and infection may be followed by serious consequences. If this palliative treatment be adopted the surgeon should see to it that his patient has a simple prostatic catheter; that the patient is drilled in its introduction, and in its daily care; that he never goes away from home without it, and that he allows no one to use force in its introduction. The frequency of employment depends upon the amount of residual urine. If there are six ounces use it night and morning. If there are more than six ounces add on catherization, for every additional two ounces, until the catheter is used six times in twenty-four hours. See that the patient does not indulge in violent exercises, the use of alcoholic liquors, is not exposed to dampness, or cold and that the bowels are moved daily. If there is much mucus or pus or other bacteria in the urine the bladder should be washed out with plain boracic solution daily.—*Shears, Clinique*, Jan., 1906.

Dedication of the New Harvard Buildings.—The new buildings of the Harvard Medical School were formally dedicated on Sept. 25, in the presence of a large number of distinguished guests, both foreign and American. Addresses were delivered by Dr. J. Collins Warren, William L. Richardson, Thomas Dwight and Frederick C. Shattuck. The formal address of acceptance was made by President Charles W. Eliot, The following day further exercises were held in Saunders Theatre, Cambridge, when the honorary degree of Doctor of Arts was bestowed upon Mr. C. A. Coolidge, the architect of the buildings, Doctor of Science upon Dr. Simon Flexner of New York, Doctor of Laws upon Drs. J. C. Warren, H. P. Bowditch, Don Jose Ramos, Franz Keibul, C. S. Sherington, F. J. Shepherd, J. A. Jacoby, and Sir Thomas Barlow.

Expression is now being given to the need of a hospital in connection with these new buildings in order that the students may have facilities for clinical instruction without being compelled to obtain them at those hospitals which are several miles distant.

The final paragraph in President Eliot's address of acceptance is well worth noting.

"I devote these buildings and their successors in coming time to the teaching of the medical and surgical arts which combat disease, and death, alleviate injuries, and defend and assure private and public health, and to the pursuit of the biological and medical sciences on which depends all progress in the medical and surgical arts and in preventive medicine. I solemnly dedicate them to the service of individual man and of human society, and invoke upon them the favor of men and the blessing of God

The small medical college is also coming in for praise on account of the greater care given to each student. So far as lectures are concerned it is immaterial whether 10 or 1,000 listen, and in the old days, when there was no other instructon a big school was big simply because its teachers attracted big audiences. Since oratory and science have been divorced and silence characterizes medical study, students do not go where they may listen to descriptions found in any text-book. but where they may see and taste and smell and feel and hear the things themselves. They will not see and feel and hear unless they are individually taught how to do it and what to look for, so that small classes are a necessity. The big school then has no advantage over a little one, as its classes are divided up anyway. If the little one has a plant and some money, it can turn out just as good men, if not better ones, than the giant pouring out its herds.—*American Medicine*, Sept., 1906.

Increase of Insanity.—Philadelphia keeps pace with the reported general increase throughout the United States. The latest report of the Philadelphia Hospital for the Insane shows a total of 1,600 patients, an increase of 109 patients during the year. The total increase for the past ten years is 75 per cent.—*American Medicine*, Sept., 1906.

PERSONAL AND GENERAL ITEMS.

Dr. Eliza B. Cahill enjoyed the month of August at Laconia, N. H.

Dr. J. B. Bell has returned from his vacation in New Hampshire.

Dr. W. P. Wesselhœft passed a large part of the summer at the seaside in Maine.

Dr. W. H. Watters has just completed the erection of a residence on Mt. Vernon Street, West Roxbury, where he removed late in September.

Attention is called to the new department "Notes and Comments" on the last pages of the journal.

Dr. and Mrs. S. H. Blodgett, with a party of friends, followed their usual custom in taking a varied itinerary among the Sebago Lakes.

Dr. George H. Earl, who has been spending part of the summer in New Hampshire, has returned to his professional duties.

Dr. and Mrs. William O. Mann report a most enjoyable vacation trip through the Thousand Islands, St. Lawrence River, Montreal, and Quebec.

Dr. Jennie G. Purmort, B.U.S.M., 1901, who has been at Fergus Falls (Minn.) Insane Hospital the past year or more, is about to locate in Brooklyn, N. Y.

Dr. Harriette M. Collins Lingham, B.U.S.M., 1897, continues her location in Montrose, Col., as before her marriage.

Dr. Dana B. Mayo, B.U.S.M., 1906, has located at Island Pond, Vermont, the old home of Dr. Sarah M. Hobson of Chicago.

Office to let to consultant for day hours. Address T. M. Strong, M.D., 176 Huntington Avenue, Boston.

Dr. Edgar F. Haines, B. U. S. M., 1906, has located at 20 Locust Street, Danvers, Mass.

Dr. Anna M. Skinner has removed from Watertown, Mass., to Torrington, Conn.

Dr. and Mrs. William K. Knowles have spent most of the summer at Alton Bay, N. H.

Dr. and Mrs. J. P. Sutherland spent some weeks at their summer home at Marlowe, N. H.

Dr. John H. Payne has returned from Europe and has resumed practice at his former address, Pierce Bldg., Copley Square, Boston.

We regret to learn of the recent death of Dr. Charles A. Cochrane of Winthrop, Maine. Another old pioneer gone. Dr. Cochrane was engaged in the practice of medicine for about fifty years.

Dr. J. Herbert Moore of Brookline, Professor of Pediatry in Boston University School of Medicine, has been spending the summer in Europe, and is expected home on Oct. 10.

Dr. H. L. Shepherd of Winchester will, according to his usual custom, be away from his professional duties during the month of October. The Doctor expects to secure a very satisfactory amount of game.

Dr. H. P. Bellows, who has worked so valiantly upon the reproving of belladonna, took the month of August for a much needed rest, and has now resumed his practice.

Dr. F. P. Batchelder, who has been on service at the Massachusetts Homœopathic Hospital for the summer quarter, has taken the month of September as a vacation, his work in the hospital being performed by Dr. W. T. Lee.

Dr. Annie Isabel Lyon, B. U. S. M., 1889, successfully passed the Maine State Board examination in July, and has located at 323 Main Street, Lewiston, Me., succeeding Dr. A. I. Harvey, who has removed to Bangor.

A lady wants position as bookkeeper, stenographer, or office assistant, with one or more physicians. Ten years' clerical experience. Address Mrs. Nettie F. Trowbridge, 44 Dana St., Cambridge, Mass.

We learn of the recent death of Dr. J. W. Savage of Bath, Me., one of the oldest homœopathic practitioners of that state.

Dr. B. C. Woodbury of Patten, Maine, has removed to Lewiston, Maine. His son, Dr. Benjamin C. Woodbury, Jr. (B.U.S.M. 1906) is associated with him there. "Benny's" friends and classmates will all be glad to know where he has located.

Dr. I. Roland Boothby, B.U.S.M. 1905, has removed from Bangor to Skowhegan, Maine.

Dr. Belle J. Allen, B.U.S.M. 1904, and Drs. Elizabeth E. Shaw and Marion R. Horton, of the class of 1905 B.U.S.M., returned in August to America after thirteen months of study in Europe. Drs. Shaw and Horton expect to begin practice together when they decide where to locate.

It is gratifying to the Gazette management to be able to report that Dr. Nelson M. Wood of Charlestown has so far recovered his health after his dangerous illness of the summer to be able to resume his practice and his lectures on Sanitary Science before the Sophomore class of Boston University School of Medicine.

Dr. Fred S. Piper of Lexington, who is conducting such a successful medical clinic at the Out-patient Department of the Massachusetts Homœopathic Hospital, has been appointed Instructor in Elementary Theory and Practice at Boston University School of Medicine, and will lecture to the Sophomore class during the coming year.

It is certainly a satisfaction to read in the *Lancet* that the Turkish government has under consideration plans for the betterment of sanitary conditions in Mecca. These plans provide for a modern hospital, proper lodging houses for the poor, proper sanitary precautions and an abundance of pure water.

Dr. John D. Tupper, B. U. S. M., 1895, has recently been re-elected chairman of the board of health of Westport, Mass., where he resides. It is gratifying to note that the Doctor received 300 out of the 303 votes cast, the unusually large percentage being evidence of his popularity.

For the past six months we have been receiving a large number of calls for copies of the Gazette, on account of special papers contained therein, from nearly all parts of the United States and Canada. Requests like this are constantly coming: "Enclosed find —— for which please send me (1 to 20) copies of the Gazette containing Dr. Blank's paper on ——. " This seems to show that much material is being published of interest to the profession.—[Mgr.]

Announcement is received of the marriage of Dr. Frank R. Sedgley, B. U. S.M. 1902, to Miss Alice Adelaide Banker, on Tuesday, Sept. 25, 1906, in Dorchester. Dr. Sedgley, who was formerly assistant superintendent of the Mass. Homœopathic Hospital, has recently returned from a position on the staff of the Fergus Falls Insane Asylum, and will locate in Dorchester.

We art pleased to learn of the marriage of Dr. Solon R. Boynton, B.U.S.M. 1903, to Miss Susan Crocker of Carver, Mass., on Sept. 24th.

Dr. Boynton has made for himself a very successful practice in Bellingham, Washington, where he performs the duties of the general practitioner, but is giving an increased amount of his abilities to surgery.

Drug Proving.—The chairman of the Drug Proving Committee, 1906, of the County Society of New York (in which proving the physicians of New York and other States were cordially invited to participate) would like to receive the reports of drug provers or to supply new provers with the medicament.

Physicians, students, or others who lack the time or inclination for a full proving can, at least, take *a few doses* until the *direction* of the drug's action is obtained, after which it may be stopped.

In this way a valuable amount of corroborative evidence will accumulate.

For a supply of the drug, which is a common plant, address the Chairman, Dr. Shedd, 113 West 71st Street, New York City.

Free Denistry in Schools.—The *Boston Record* is our authority for the following: The latest feature in elementary schools in Germany, where children are provided with baths and taught cleanliness, is the appointment of dentists. At Strasburg during last year 6,828 children were attended gratis in the dental surgery, at an expense of $1,600. The importance of attending to their teeth is taught the children in the class room. In time all the large cities of Germany will have dentists to attend to the school children.

An application for the position of physical inspector, at a salary not exceeding $1,500 per year, will be held at the State House, Boston, on Oct. 17, 1906, and application blanks may be obtained in person, or by written request, addressed to the Civil Service Commissioners, Room 152, State House, Boston, and must be filed on or before Oct. 13, 1906. An applicant must be a registered physician not over fifty years of age; must be in good physical condition, according to the tests prescribed by the commissioners, and will be marked chiefly on general training and experience. The duties of the position will be to examine physically and in strength tests applicants for different positions in the classified service of the Commonwealth of Massachusetts and the cities thereof.

Opening of Boston University School of Medicine.—The thirty-fourth annual session of Boston University School of Medicine will begin at ten o'clock on Thursday, Oct. 4, 1906. All students will assemble in the main amphitheatre, where an address will be delivered by the Dean and where registration will at once commence. At the present writing the outlook seems favorable for a class larger than that of last year, which in its turn showed an added number over several preceding years.

The London correspondent of the *Medical Record* reports two unusual fatalities occurring within a week:

"As a Leicester family was picknicking at a neighboring village, one of the children dropped an empty ginger beer bottle, which fell on a full one and caused it to explode. A piece of the glass struck his little brother's neck and penetrated the jugular.

The other extraordinary accident is reported this morning. While a gentleman of fifty-seven years was putting sticks to chrysanthemum plants in his garden, one of the sticks broke off short in his hand and he fell forward onto another stick, which pierced his right eye and penetrated the brain.

Cancer Not Increasing in Great Britain.—It was with much satisfaction that we heard the statement made by Dr. E. F. Bashford of the Imperial Cancer Research Fund of London that by actual statistics it could be proven that cancer was not increasing in Great Britain. So many statements have been made to the contrary that it has become an almost universal belief that cancer is rapidly increasing.

If Dr. Bashford's facts can be equalled by the reports from other countries one fear will be removed from the already heavy burden borne by the medical profession.

According to the rule enforced in the University of Vienna, whereby all professors must retire upon attaining the age of seventy, four well-known men will be lost to the teaching staff. These are Professor Benedikt, in neurology; Professor Winternitz, in hydrotherapy; Professor Stoffella, in Internal Diseases, and Professor Politzer, in autology. Probably all these men will take advantage of the so-called "honorary year" which is given, allowing of service for twelve months more.

Notice to Medical Profession.—At a meeting of the American Surgical Trade Association held in Philadelphia, June, 1906, it was resolved that after Jan. 1, 1907, the trade adopt the French scale for all catheters, bougies, and sounds.

"A committee was appointed for the purpose of getting up a proper and accurate French scale card, and the same will be mailed to you.

Every physician will see the importance of this step, as you are all acquainted with the annoyance of having catheters, bougies and sounds, and other instruments marked in American, English or French numbers.

You are requested from above date to use only the French Scale in ordering such goods, and when no scale is specified, orders will be filled by the French scale."

According to the *Medical Record*, the conditions existing among butchers and bakers in Prussia will fully equal, if not surpass, those evils recently exposed in our own country.

Some of the establishments are situated in dark cellars, where cleanliness is impossible, and where the employees have not even facilities for washing. In some localities boys knead the dough with their feet. One bakery was found to be occupied by cats and hens. In another place the baker's oven, when not in use, was employed as a goose pen. One man confessed that his floor and vats were cleaned but once a year.

While such disclosures as these do not make us any better satisfied with our own surroundings, they certainly should prove effectually that America is not the only place where unsanitary conditions exist.

Number of Medical Students.—According to the *Journal A. M. A.*, Aug. 25th, the total number of medical students in the United States for the year ending June 30, 1906, was 25,204. This is a decrease of 943 below last year. Of this number, 23,116 have attended the regular schools, 1,085 the homœopathic, and 644 the eclectic. There has been a decrease of 1,003 in the regular school below last year; that is, about 4.3 per cent. In the homœopathic school a decrease of 19 since last year is noted, or about 1.7 per cent. These figures do not seem to bear out the fact so generally stated that the homœopathic schools are losing in numbers in greater proportion than the allopathic ones. Of the graduates, 4,841 came from the regular schools, a decrease of 285 since 1905. The homœopathic institutions had 286 graduates, or an increase of 10 over last year. 840 men were enrolled during the year, thus forming 3.3 per cent of all medical students as against 4.1 per cent of last year.

A Boston Doctor's Horse in its Thirty-Fourth Year of Useful Service.—We are glad to publish the following account of the horse "Pompey," owned by Dr. H. B. Cross of Jamaica Plain.

The subject of this sketch is only a horse, but he has long been well known to many people in this vicinity as among the best and most intelligent of his kind.

He has now reached beyond the very unusual age of thirty-three years—has had very little sickness and has been in the harness almost daily for the last twenty-six years, which period he has been owned and driven by his present owner, and now he appears to be able and willing to do service for an indefinite period. He came of the old Hamiltonian stock.

Besides his service as doctor's horse, he has frequently been driven long dis-

tances in the country on summer vacations, and seems never to forget places where he has been before, however long the intervals.

On homeward journeys he has been known to choose a nearer way than the one he had been over, although the road was never traversed by him before.

When left to himself in the city it has seemed remarkable to note the ease and certainty with which he would go to streets and houses where he had been but once before and when it was not easy for the driver to find the way and place except by numbers on the doors. In case of accident he has always been tractable and seemed to understand that he must be quiet and unexcited even when the harness broke and let the carriage onto him going down hill, or if a trace got loose or a strap broke he would understand it and stop or indicate in some way that something was wrong.

This horse is still living and still useful in the doctor's service.—*Our Dumb Animals.*

APROPOS of the recent meeting of the British Medical Association at Toronto, and the exhibit there made by Boston University, the following item may be of interest:

"It is impossible to close this brief account without referring, however shortly, to the beautiful pathological material sent by Dr. W. H. Watters, of Boston University, illustrating the method of mounting specimens employed by him. These were admitted by all who visited the Pathological Museum to be the most perfect examples they had seen, constituting one of the best and most instructive features of the meeting and, judging from the number of requests Dr. Watters received for a description of his modus operandi, this method of mounting will largely replace others in British collections."—*Boston Medical and Surgical Journal*, Sept. 6, 1906.

"The pathological museum of the meeting was arranged in five rooms . . .

Under the care of Dr. W. H. Watters, Professor of Pathology at Boston University, beautiful examples of pathological conditions were arranged according to their anatomical distribution, always with an eye, however, to displaying the particular advantages of the method of mounting specimens. . . .

When properly fixed and set the result is a specimen of normal appearance in size and color in a perfectly clear and transparent medium, easily and safely portable, exhibiting all the parts in their normal relations and unexcelled for purposes of teaching and demonstration. The great value of the method was exemplified by a series of thirty-five cases of gall stones showing the calculi in situ almost all mounted directly after operation. Equally beautiful was a series of vermiform appendices from cases after operation. Here the inflamed and thickened walls and the thorn or clump of pin worms that in a few instances acted as an exciting agent were beautifully shown in clear and delicate detail. Even pus and blood were shown in position of their occurrence without any smearing or indistinctness . . . Large sections through the central hemispheres in cases of cerebral hemorrhage showing the blood in position in the lateral ventricles arrested attention, and there were also some excellent examples of enteritic bowel so perfect that it was difficult to believe that they were not absolutely fresh specimens. The durability of the process was well shown by a section from an anemic infarct of the spleen . . . prepared three years ago and entirely unaltered since."—*British Medical Journal*, Sept. 15, 1906.

The appointments for service in the Massachusetts Homœopathic Hospital for the months of October, November and December are as follows:

MEDICAL.

Chief.	Dr. F. B. Percy.
Assts.	Drs. J. A. Rockwell and E. P. Ruggles'

SURGICAL.

Chiefs.	Drs. Horace Packard and W. F. Wesselhoeft
1st Assts.	Drs. C. T. Howard and T. E. Chandler.
2nd "	Drs. Crane, Wiggin, Lee, Calderwood and Thomas.

MATERNITY.

Chief.	Dr. Geo. H. Earl.
Associate	Dr. F. L. Emerson.

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ORIGINAL COMMUNICATIONS

THE TREATMENT OF CANCER BY A BACTERIA VACCINE.*

BY EDWIN A. NEATBY, M.D., PHYSICIAN FOR DISEASES OF WOMEN TO THE LONDON HOMŒOPATHIC HOSPITAL, ETC.

The hopelessness of the various diseases grouped together under the name of cancer has caused even the most straight-laced of medical men to look with toleration upon the inevitable tendency of patients to take up any so-called "cancer cure." The same feeling makes the profession justly severe when a medical man allows himself to make excursions into untrodden fields and to trumpet abroad the statement that by his path and through his portal only salvation lies.

It is not without a good deal of hesitation that I have decided to bring the subject of this paper before you. There are three reasons which justify one in regarding the treatment of cancer by a bacterial vaccine as worthy of investigation.

First, it is based on an appeal to the protective forces of the body rather than on local measures only.

Second, it is in conformity with recent successful bacteriological work in other maladies and is regulated by scientific methods of precision.

Thirdly, it is believed to be another example of the far-reaching rule of similars. The treatment of a disease by its own products or secretions is not new. It has been written about by medical men for three-quarters of a century, and its recent elaboration in the form of preventive and curative vaccines is well known to you. For most of our modern knowledge in this subject, the world is indebted to Sir Almroth Wright, pathologist to St. Mary's Hospital, London. For the application of the principle to cancer our indebtedness is due to Drs. Jacob and Geets of Brussels. Twenty years ago Dr. Doyen, now of Paris, described a micro-organism occurring in new growths, notably in cancer. This he named the micrococcus neoformans.

In many ways it resembles a staphylococcus, and its features may be described as follows: It has a tendency to grow in chains and to divide like yeast in a Y-shaped fashion. This is more noticeable in broth cultures. When a portion of tissue—say a cancerous gland—is placed in broth, it does not usually begin to show signs of

*Presented to the International Homœopathic Congress at Atlantic City.

growth for forty-eight hours. A well-marked growth occurring earlier than this is more likely to be a staphylococcus or other septic micro-organism. The colonies die easily when growing on gelatine. They are of a white color, which they maintain even when old. They stain well with Leishmann's (Romanowsky's) stain, and take Gram if young. The two most distinctive characteristics are the tenacious nature of the growth a few days old, which draws out in "vermicelli like string" when taken up by the platinum needle: and the fact that it agglutinates with normal serum in a dilution of 200 to 500. This last feature distinguishes it from staphylococci. The role of the micrococcus neoformans in the causation of cancer is not yet settled. It has been found by Jacobs and Geets in ninety per cent of their cases. It is more likely to be found pure in the advancing margins of a tumor or in the glands newly infected, than elsewhere. Even in the last named situation it may be associated with other organisms, e.g. streptococci. In one case where an axillary gland was dissected out during an excision of breast, although fresh instruments were used and no contact with skin or fingers was allowed, a growth in bouillon took place of streptococci, staphylococci and micrococcus neoformans. The micrococcus may be found also in innocent growths like lipoma and myoma, while Jacobs and Geets report having obtained "both local and general neoplastic lesions in thirty per cent of their inoculations." Paine and Morgan of the Cancer Hospital, London, have only succeeded in getting inflammatory reactions. That it may be regarded as the cause of the cancerous cachexia seems certain. Even where the treatment is unsuccessful in checking the cell proliferation its effect in improving the color, appetite and weight of the patient is usually conspicuous.

The neoformans vaccine is made in the usual way, which may be described as follows: Several tubes of agar are planted with the micrococcus and a growth allowed to take place for twenty-four hours. This young growth alone is used for the purpose. Into each tube a 1.5 sterile salt solution is poured in uncertain quantity—enough to wash off and "dissolve" the growth from the surface of the gelatine. The solution or emulsion so formed is shaken, or stirred with a sterile rod, to render it uniform.

A small portion is then withdrawn with a sterile pipette for counting, to standardise the preparation. This emulsion is counted along with an equal quantity of blood. The proportion of red blood cells per cubic centimetre being known (5,000 millions) it is easy to calculate from the relative proportion of red cells and micro-organisms in the field, what is the quantity of the latter in a c.c.

Having counted the vaccine, it is next diluted with 0.025 per cent of lysol to the required strength, is sterilized by heat for one hour at 60° centigrade, tested for sterility and placed in bottles or flasks for preservation.

The frequency of dose of the vaccine is indicated by the blood examination, the object of which is to ascertain the protective power of the blood serum.

The antidotal or protective substances in the blood which prepares the bacteria for consumption by the phagocytes—that is the

polynuclear leucocytes are termed opsonins. The measure of the protective power of the serum of an unhealthy individual as compared with that of a healthy one is termed the opsonic index, the healthy subject being reckoned as 1.

The terms healthy and unhealthy here refer to the power to resist any particular organism and for the purposes of this particular paper, the organism referred to is the micrococcus neoformans. The protective power of a patient may be high as regards one organism and low as regards another. In some instances it may be low as regards more than one, e.g. a patient may be infected by both tubercle and staphylococcus and have a low index to both.

From one to four weeks is a usual interval between the doses.

The first effect of a vaccine injection is usually to lower the resisting power for a short time—producing a so-called "negative phase" or period of aggravation. Experience has shown, however, that if the examination be made very soon—that is within six or eight hours, a passing rise sometimes takes place, a so-called "spurious rise." This is supposed to be due to the absorption of a portion of the vaccine, the depression coming on only after the absorption of the whole. If this be a correct explanation, it suggests that a smaller dose would yield a rise or positive phase, without the production of an appreciable or negative phase.

The dose usually employed is from 10 to 100 millions of bacteria. If the small dose produces a good rise it is necessary to go higher. Any dose which produces perceptible general reaction or illness is too large.

The neoformans vaccine has so far been used for all varieties of malignant growths. One of the most brilliantly successful cases on record was one of myo-sarcoma of the abdominal viscera. It is probable that there are great undected differences amongst cases classed together as cancerous. It would therefore be desirable ideally that each patient should be treated by a vaccine made from his or her own tumor, the difference of strain of organisms of the same name being very great. The cases treated hitherto are too few to be advanced in strict statistical form. It must be remembered that we are dealing with cases practically always fatal and often fatal by way of a lingering, painful, if not also loathsome illness.

Any remedy which will lessen the miseries of so dire a disease, even if not cutting it short, is worthy of our thoughtful consideration.

Further, it is also noteworthy that the early cases of a hopeless disease which come for treatment by any new remedy are the refuse of other clinics and practitioners. The largest list of published cases is by Drs. Jacob and Geets of Brussels, the introducers of the treatment. They publish thirty-eight cases with results classified thus: seven cures, twelve with improvement of several months' duration, eight with only temporary improvement, and eleven with no improvement.

In the *Lancet* of August 25th, allusion is made to five cases treated by Sir A. E. Wright. Two had died, one was quite stationary, two show marked improvement. Of these two, one was "a man aged seventy-five years, and he was affected with a tumor of the left tonsil,

the pillars of the fauces, the side of the tongue, and part of the pharynx. Large doses of potassium iodide had no effect, and it was agreed by all who saw the case that it was malignant, and this diagnosis was confirmed by the microscope, for histologically the growth was found to be a spheroidal-celled carcinoma. A vaccine prepared from the micrococcus neoformans was then employed. The injections were controlled by estimations of the opsonic reaction of the blood. Improvement commenced at once, the mass visible in the fauces greatly diminished, the ulcerated surface lessened in extent, fœtor ceased, and pain and dysphagia disappeared. Most of the enlarged cervical glands subsided, but one small, hard gland remained. The total improvement was marvelous, not only in the local condition, but also in the patient's general health. No other treatment was employed. The result was in no way claimed as a cure, but as very definite improvement followed the treatment it is at least worthy of an extended trial." My own cases have been twelve in number. Three of these have died. The first death was in a case of rapidly growing epithelioma of the vulva, with extensive involvement of the glands in both groins. Operation was followed by immediate recurrence, the new growth very rapidly breaking down. This patient's wound yielded a heavy growth of nearly pure bacillus pyocyaneus. She died after two injections and before I could make a pyocyaneus vaccine. The cause of death appeared to be sepsis.

The second death was in a bad recurrence after hysterectomy for carcinoma of the cervix uteri. There was relief of pain for three days after the first injection, but after that pain and vomiting remained unrelieved to the end. Involvement of omentum and duodenum took place and the growth was breaking down.

The third death was from recurrence after excision of breast. Thrice recurrent growths had taken place. When first seen the arm was swollen to the size of a big man's thigh, the neck was brawny and ulcerating, the face swollen and distorted, and the opposite breast the size and hardness of a cricket ball. She died of exhaustion after two months' treatment. The second case died after six weeks.

Two of my cases discontinued treatment because they were inaccessible; two others because it did not appear to be doing good.

A case of cancer of prostate in an old man of eighty-two seems to be controlled. The pelvic tumor has lessened, purulent urine cleared up, swelling of left leg disappeared, threatened obstruction of bowels ceased, lumbar glands lessened, life is being surprisingly prolonged and in freedom from pain or discomfort, except weakness which slowly increases.

A case of rectal cancer recurring after operation improved greatly in general condition, such as strength, walking power, appetite, complexion and spirits. Hemorrhage was checked by the injections, but the growth continued to spread. This patient had a mixed infection, for her index to bacillus coli was very high.

A case of cancer of the liver is improving in general health, and the patient is less breathless, but the liver tumor remains unchanged.

An epithelioma of vulva lessened noticeably in size, but glands in the groin increased considerably.

Two inoperable cases of uterine cancer are under treatment without notable benefit. Whenever operation is possible I advise that treatment. It is quite conceivable that the protective powers of the blood might become equal to preventing a recurrence of controlling a slight growth and yet be unequal to the absorption of a gross mass of diseased tissue.

The vaccine treatment must not be described as a cancer-cure. It requires further working out, in connection with other vaccines.

I venture only to repeat the *Lancet's* opinion that the treatment is at least worthy of an extended trial.

ON SALINE INFUSION IN GYNECOLOGICAL AND OBSTETRIC PRACTICE. WITH A RECORD OF THIRTY CASES.*

BY GEORGE BURFORD, M.D., LONDON, ENGLAND.

Senior Physician for Diseases of Women to the London Homœopathic Hospital; Fellow of British Gynecological Society, etc.

Section I

HISTORICAL

I purpose to take, as a historic hors d'œuvre, a brief survey of the evolutionary stages in the development of Saline Infusion as we have it to our hand to-day.

The problems of the arrest of hemorrhage, and the replacement of the red tide of life, have ever been the most insistent in the Art of Healing. Numberless historic crises, fraught with the fate of kings and peoples, have raised these questions to the very front rank alike in professional and lay estimation.

With Ambrose Paré came the introduction of the ligature, and the problem of the arrest of hemorrhage was in a fair way to be solved. But its counterpart, the effective replacement of the blood loss, remained untouched by Paré's epoch-making procedure. Men still died of the results of hemorrhage after this had been stayed by the application of the ligature.

With the Renaissance came renewed enquiry after adequate measures to repair the blood loss. Harvey's immortal discovery led the way. The blood, so authorities taught, was the life. How natural, then, the primary instinct which looked to the replacement of the former, the blood volume, as ensuring the continuance of the latter, vitality itself!

At any rate this procedure, the actual transport of blood from one organism to another, was the initial step in the replacement of lost blood. To Dr. Lower, of the University of Oxford, is due the credit of performing in 1666 the first successful transfusion of blood. The experiment concerned two dogs; blood was directly transfused from the carotid artery of one into the jugular vein of the other.

*Presented to the International Homœopathic Congress, Atlantic City, Sept. 1906.

The experiment was successful, and the imagination alike of the profession and of the scholarly laity was stirred to its depths. The wits of the day made merry over the delightful confusion likely to ensue from the transfusion of the blood of a Quaker into the veins of an Archbishop.

To Lower followed Sir Edmund King in 1667 with further successes; and these two pioneers added to their fame by making the bold experiment of transfusing blood from a sheep into the human circulation.

All over the civilized world the impetus of this advance was felt. Denis, Professor at the Sorbonne, and Emmerez, physician to the King of France, repeated Lower and King's successes. Germany, Italy and the Netherlands each produced their moiety of experiments and experimenters.

But time, which tries all things, soon put a veto on indiscriminate transfusion. The earlier successes were not repeated; many disasters had happened; and public feeling, backed by legal enactment, had in the course of a quarter of a century reduced the perfervid hopes of the earlier transfusers to ashes.

But "even in our ashes live their wonted fires;" and after the lapse of a century, inspiration again seized the workers with transfusion. To an original mind, that of Dr. James Blundell, in 1819, it occurred that part of the failure hitherto attending transfusion might be due to the injection of animal blood into human veins. He accordingly utilized blood of human origin only, invented an apparatus for its reception and injection, and achieved so notable a series of successes as to revive the hopes that still centered in transfusion. Him followed Dumas and Prevost, the eminent French scientists, who confirmed Blundell's views as to the advantage of using "similar" blood, and added thereto their own discovery of the advantages of defibrination.

Defibrinated blood now held priority for several decades, but its use, nevertheless, languished until 1863, when its advocacy was warmly renewed by Panum, afterward Professor of Physiology in the University of Copenhagen. Panum was a man of original genius and threw his whole heart and soul into the work. He boldly suggested that tanks of defibrinated blood should be prepared and kept for use on the field of battle. With this flicker of intensity practically closes the illumination shed by defibrination on the practice of transfusion.

Two centuries had now elapsed and as a safe remedial measure, transfusion was practically in statu quo.

But the hour and the man looked for for two hundred years had arrived. The hour was the year of grace 1864, and the man was Goltz, then Prosecutor in Königsberg. Goltz experimentally proved that the effective factor in transfusion was not the addition of blood to a depleted circulation, but merely the provision of sufficient fluid to enable the heart to contract upon; that in the byways of the circulation there still existed, even in the severest hemorrhages, sufficient red corpuscles to meet the passing needs of the body, and that

all that was essential, all that was possible even, was to restore the mechanical balance of the circulation.

Goltz's paper, published in Virchow's "Archiv" is a model of lucidity and scientific insight; all succeeding work has been simply to confirm and amplify his postulates.

The work of Goltz stimulated further production by a band of distinguished followers. To Von Ott of St. Petersburg is due in particular the credit of doing much to translate Goltz's conclusions into clinical practice. By rare good fortune Cohnheim's classical experiments with his celebrated "Salzfrösch" lay ready to hand, and after preliminary trial of various fluids, salt solution of the same strength as that used by Cohnheim, *i.e.*, about 7 per cent, was used as the appropriate emergency fluid.

Thus the venue was changed from the transfusion of blood to the infusion of saline fluid. Other original workers have, during the last quarter century, effectively tilled this field. Thus, William Hunter, in 1889, showed that human blood transfused had no nutritive value; that defibrinated blood for this purpose was a dangerous medium; and that normal saline solution possessed all the advantages and none of the special risks of the alternative fluids. Ringer and Murrell also worked at the subject, and latest that distinguished and gifted American investigator, Crile. But the research work of all these scientists has been to verify, directly or indirectly, the soundness of the views enunciated by Goltz.

II

SCIENTIFIC

What, then, are the scientific findings that further research has correlated with Goltz's law?

The principal parts that interest us here are those dealing with the character of the fluid best used for infusion, and the conditions which call for its employment. The claims of various alternative fluids here fall to be considered first.

A. Alternative fluids proposed for infusion. I. Pure blood, defibrinated blood, and blood serum.

If, then, blood, as an elaborated pabulum, cannot be used as a ready-made article to supply the place of the vital fluid lost, why should it not be employed in sufficient quantity as mere fluid to restore the circulatory balance? It says much for the clinical acumen of the early workers that they actually isolated a group of toxic symptoms commonly following blood transfusion, and called the syndrome "fibrin intoxication." Hematuria, rigors, hyperpyrexia and anuria are chief among these. But it required the far-reaching work of Ehrlich and his colleagues to show that the transfusion of pure blood or defibrinated blood or blood serum must necessarily be a dangerous procedure.

II. *Albumen Water.* Goltz himself suggested the use of water containing albumen, corresponding to the density of blood. This recommendation found no following of consequence, and the findings of hematology have ruled it out as alien organized material.

3. *Sodium Phosphate* was suggested in 1864 by Braxton Hicks.

Sodium Carbonate with Sodium Hydrate was advised by Samuel in 1884; the results with these sodium salts in solution for infusions were uniformly disastrous.

4. A conglomerate of sodium chloride, sodium bicarbonate, calcium chloride and potassium chloride dissolved in sufficient water was recommended by Ringer and Murrell in 1874 as desirable for transfusion purposes. We believe that composite tablets of this character, duly proportioned to so much water, are still made and sold. But this recommendation was avowedly based on what we now know to be an entirely erroneous pathology, *i.e.*, that the heart muscle requires to be stimulated; there is thus no necessity to consider a method erroneously based. As a matter of fact, it has since found no scientific sponsor.

5. *Milk* for some time enjoyed the same precarious popularity as defibrinated blood, for infusion purposes. The results were unsatisfactory; the practice lapsed. Exactly the same objections apply to the use of milk as to the selection of any other organic fluid.

6. *Sugar plus Saline Solution.* In 1882, Landerer suggested the use of sugar dissolved up to 3 per cent in a .6 per cent solution of sodium chloride. He recorded some successes with its use. The employment of sugar in one or another form continually emerges in the ephemeral research-literature of the subject. But it has found no substantial scientific basis and unnecessarily complicates a simpler procedure.

It is interesting here to note that it was Landerer who, in 1881, first used saline infusion as a remedial measure on man. All hitherto had been merely laboratory work.

Out of this elementary history one point stands saliently: that while various fluids have once and again been pressed into the service of infusion, the uniform tendency has been to again return to the use of simple saline.

Alike in research work and in clinical use, the issue is now narrowed to the use of normal saline solution for infusion purposes.

B. The conditions which call for the employment of Saline Infusion.

William Hunter, in 1889, definitely indicated acute hemorrhage as a condition to be benefited by the infusion of normal saline solution. But all prior work has been swallowed up in the masterly researches of Crile, who has extended the use of infusion to meet all causes of shock, of which hemorrhage is one. Surgical shock, Crile insists, is essentially a vaso-motor phenomenon: it is due to the breakdown of the vaso-motor mechanism; thus the blood-pressure in the vessels dwindles, the heart is deprived of its relays of blood, and arrest of the circulation ensues. Precisely a similar issue supervenes in acute hemorrhage. The similarity of the states of acute shock and acute hemorrhage was in fact first pointed out by Goltz. The blood pressure diminishes; the venous trunks supplying the heart are practically empty; the cardiac chambers are minus their usual fluid content. Now, in either of these cases, no matter whether the vaso-motor breakdown be due to shock or hemorrhage, let sufficient saline fluid be injected into the circulation. Again the wheels

of life go round: the patient revives. "What," asks Crile, "what has the saline done?" And he replies: "It has increased the venous pressure, which, in turn, filled the heart; this, in its turn, beat strongly and sent out quantities of saline blood, which in their turn fed the exhausted and starved centers."

Some of Crile's more important conclusions are as follows:

Shock is due to paralysis of the vascular walls, which thus cancels a necessary factor in the circulation.

Shock is not due to paralysis of the heart; this organ, in fact, longest resists the causes of shock.

The action of saline infusion is merely a physical or mechanical one: it restores the normal volume of fluid and adds force to the venous stream.

In cases of shock, the combination of small and frequently repeated hypodermic injections of strychnine, together with saline infusion, is most effectual. Artificial respiration is here of undoubted importance.

In cases of dangerous hemorrhage the combination of oxygen inhalation with saline infusion is beneficial, because of the reduced oxygen carrying power of the lessened hemoglobin.

The use of chloroform, even in small quantity, during or after saline infusion markedly lessens the renewed blood pressure. It is hence an improper proceeding. Ether is free from this dangerous fault.

So far as research work goes, the use of normal saline solution as a remedial measure is limited to cases of shock, *e.g.*, from traumatism or operation, and cases of hemorrhage. This corresponds with the clinical records of its usefulness, which also indicate shock or hemorrhage as practically circumscribing the successful use of saline infusion. The indications for its use may have to be written somewhat more amply; at present we may say that post operative shock and acute hemorrhage from any source, pre-eminently call for infusion.

III

Clinical

Thus we have defined the clinical purport of the use of saline infusion clearly and distinctly. It is the infusion or instillation, as an emergency measure, of sufficient quantities of indifferent fluid into the circulation, to restore the balance of vessels and contained fluid; and to artificially maintain the balance until the stage of reaction restores the lost vaso-motor power.

There are three methods for thus conveying volumes of bland fluid into the circulation to obviate the depletion of hemorrhage or the vaso-motor paresis of shock. These are (1) introduction per rectum; (2) sub-cutaneous infusion; (3) intravenous infusion.

1. Captain and chief of these methods stands intra-venous infusion. It is the most direct, the quickest and the most effective method among infusion procedures. It allows the infusion of quantities of fluid beyond the capacity of any alternative method; it is frequently used successfully after the other infusion methods

SECTION I.

AUTHORS' CASES OF TRANSFUSION FOR POST-OPERATIVE SHOCK OR HEMORRHAGE

Intravenous ..	1	Ovariotomy	Multiple adhesions	4 pints transfused ..	Death
" ..	2	Double pyosalpinx	Dense and intimate intestinal adhesions	4 pints transfused; later 3 (?) pints transfused	Recovery
"	3	" "	Severe shock after enucleation	6 pints transfused; later 4 pints transfused	"
" ..	4	Ablation of diseased uterine appendages	Prolonged state of shock ..	3 pints transfused; later 2 pints transfused	"
" ..	5	Bifid uterus; chronic pelvic peritonitis	Dense intestinal adhesions; left appendages enucleated	4 pints transfused ..	"
" ..	6	Hysterectomy	Shock and hemorrhage ..	3½ " " ..	"
" ..	7	"	Shock; hemorrhage	4 " " ..	"
" ..	8	"	Very large uterine fibroid, growing into broad ligament	4 pints transfused; later 4 pints transfused	"
" ..	9	Vaginal hysterectomy ..	Defective reaction; transfusion on second day	4 pints transfused ..	"
" ..	10	" "	Prolonged operation; shock and hemorrhage	7 " " ..	"
" ..	11	Pyosalpinx; general adhesions	Removal per vaginam ..	4 " " ..	
" ..	12	Ablation of diseased appendages	Moderate degree of shock ..	2½ " " ..	"
" ..	13	Plastic vaginal operation ..	Secondary hemorrhage ..	3–4 pint transfused	"
Per rectum ..	14	Post-partum hemorrhage ..	Adherent placenta (specific?)	1½–2 pints infused ..	"
Intravenous ..	15	Large broad ligament fibroid enucleated	Free hemorrhage; shock ..	5½ pints transfused ..	"
Intravenous and sub-cutaneous	16	Large broad ligament fibroid enucleated	Prolonged operation; hemorrhage and shock	5 ?() " " ..	"
Intravenous ..	17	Double extrauterine gestation	Operation following peritoneal hemorrhage	2½ " " ..	"
" ..	18	Chronic tube-ovarian abscess	Adhesions, dense; section of uterus; defective vitality	5 " transfused; after, 4 pints	"
" ..	19	Hysterectomy	Large fibroid; patient blanched; weak cardiac musculature	3½ pints transfused ..	"
" ..	20	Nephrectomy and Ophorectomy	Densest adhesions; greatly debilitated state	6 " " ..	"

Intravenous . .	21	Double pyosalpinx; chronic pelvic peritonitis	Old and generalized adhesions	5 pints transfused . .	Recovery
" . .	22	Very large fibroid; double ovarian blood cysts	Adhesions from former operation	6 (?) " " . .	"
" . .	23	Enormous ovarian cyst; uterine fibroid	Cardio-pulmonary changes . .	6 " " . . Then 4 pints . . Then 3 pints . .	Death

SECTION II

For Septic Conditions

Intravenous and subcutaneous	1	Post-operative septic peritonitis	Ovariotomy (mycosis of skin)	4 pints transfused; in two days, 8 pints transfused	Death
Intravenous . .	2	" " "	Bilateral tubo-ovarian cysts	5 pints transfused; afterwards, 4 pints	"
" . .	3	Puerperal peritonitis	(Massive hypertrophy of liver)	4 (?) pints transfused; two days after, 3 (?) pints transfused	"
" . .	4	Septic peritonitis	Appendicular abscess . .	3 (?) pints transfused	"
" . .	5	Gastric carcinoma	Gastro-jejunostomy; secondary leakage	5 pints transfused; later, 5 pints	"

Other Toxæmic States

Intravenous . .	1	Urobilinuria	Developed during first pregnancy	4 pints transfused (some improvements); 3 pints transfused (no improvement)	Death
Subcutaneous . .	2	Intermediate hemorrhage . .	Fourteenth *post-partum* day (acute puerperal mania)	3 to 4 pints subcutaneously transfused	Recovery
" . .		Pernicious vomiting of pregnancy	Granular and hyaline renal casts; great diminution in urinary fluid. Tachycardia	4 pints transfused; later 5 pints; later, 3 pints	Death

have failed. The graver the case, the more insistently is intra-venous infusion called for.

2. When the condition is not very critical and the vital powers not threatening dissolution, subcutaneous infusion may be used with every prospect of success. It acts by absorption of the infused fluid from the tissues, and hence requires some active absorption power still to be existent. It is a slower process than the intra-venous method, but its extreme simplicity and readiness of application make it the ideal form for the general practitioner.

3. Infusion of hot saline per rectum we have seen attended by the happiest results. Here, as in the subcutaneous method, the effect is induced by absorption from the tissues, and the processes of absorption must not be suspended if its use is to be effective. On this ground we have had to supplement its use by the intra-venous method, but for all ordinary cases of hemorrhage or shock, the method of per rectal infusion of saline fluid is of conspicuous value. Its simplicity is its chief claim to common adoption.

Now for a brief resumé of our own work with saline infusion.

Our practical conclusions derived from the work covering several years we will present categorically.

I must here acknowledge the collaboration of my colleague, Dr. James Johnstone, who has conjointly with me worked out the practical detail of successful transfusion, and whose scientific attainments have been of the greatest service in this constructive procedure.

See table, section I

1. A clear and sharp distinction must be drawn between saline infusion as an emergency measure, to rectify physiological perturbations, and saline infusion as a remedial measure, to remedy pathological states.

2. Our first division shows the results of saline infusion as an emergency measure in crises of hemorrhage or shock — that is, physiological perturbation. Some of these cases were as formidable and complicated as it is possible for the operative art to encounter. One of the most distinguished surgeons of the day said to us: "I have opened all the cavities of the body in my surgical experience; I have been into the brain, I have extirpated the Gasserian ganglion, but I have never found paralleled elsewhere the difficulties I have had to encounter in the pelvis." Such difficulties we have had to deal with in most of the cases here enumerated.

Now with the exception of one or two doubtful instances, we have, after the first, never lost one of these cases of shock or hemorrhage, however unpromising the condition. We have witnessed in apparently moribund post-operative conditions, in the short space of an hour, the vanished pulse to return in full volume, the color to mount to the blanched cheek, the eyes to regain expression, and consciousness once more to reign triumphant. Again and again we have these veritable resurrections.

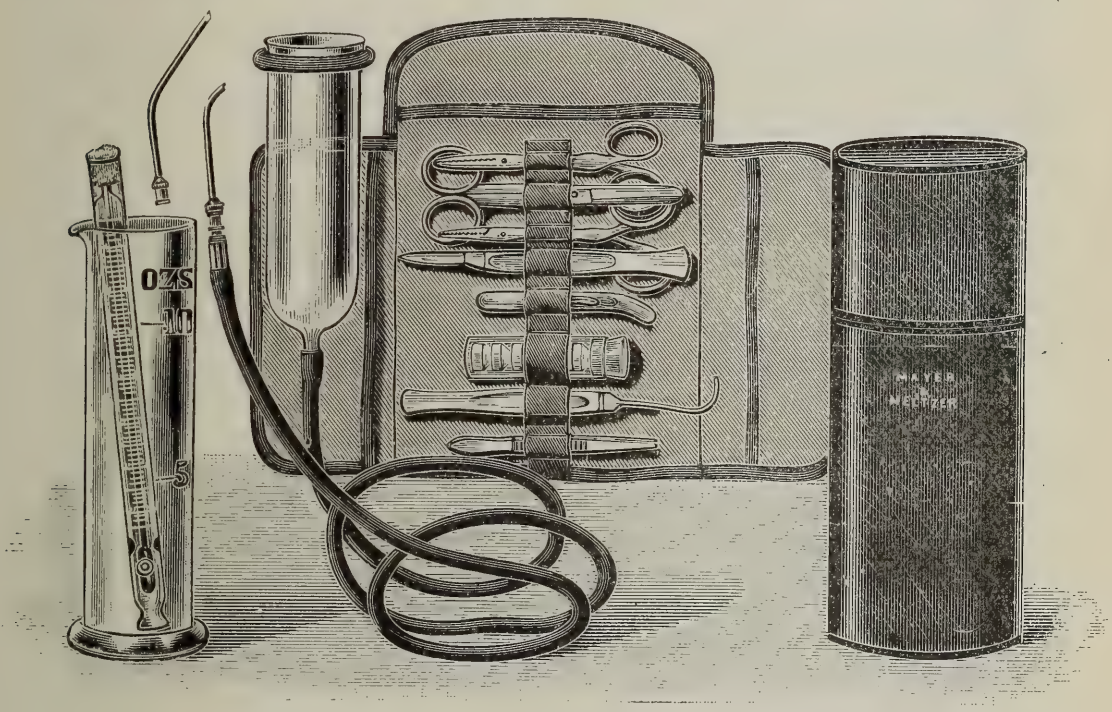
3. Our accumulating experiences of the sovereign value of saline infusion in such cases has made us cast away all theoretical restrictions regarding cases as "unsuitable for operation."

We reject no case, however unpromising, provided it is a legitimate

one for surgical procedure. We make no discriminative selection, except in the way of giving the priority to the worst cases. But we protest strongly against the homicidal hurrying of patients to operation directly a surgical state is diagnosed. All our cases are carefully prepared for operation, over periods varying from two days to two months.

See table, section II

4. Turn we now to the use of saline infusion as a remedial measure for pathological states. These are, briefly, various forms of toxemia. Here we stand on quite different ground, and our results are correspondingly different to those of our first section.



In septic peritonitis we have had no success with saline infusion, nor in the pernicious vomiting with anuria occurring late in pregnancy, nor in urobilinuria under similar circumstances. Here the use of saline infusion rests on empirical grounds alone; it lacks the definite scientific warrant and the assured results which characterise its use in physiological perturbations.

5. In accumulating experience with saline infusion in our cases, we soon discovered that the limited quantities of fluid commonly employed were simply trifling with the situation. We have infused as much as seven pints at a sitting and with the happiest results. And we have repeatedly had occasion to renew the transfusion after a few hours, the vaso-motor control not having fully returned. The use of a few ounces of fluid, or in bad cases of one or two pints, simply results in unnecessary discredit being brought on the practice of infusion. The patient dies, or recovers, with no credit to the trumpery procedure. Here is a case in point. During my absence from London, a subordinate, who had little opportunity of acquainting

himself with the values of saline infusion, was sent sixty miles into the country to assist at a bad case of post-partum hemorrhage. The patient was the wife of a doctor. The junior physician undertook to infuse and used merely two and a half pints, a sad lack of judgment. "For ten hours," said the physician to me afterward, "my wife panted for her life, with air hunger," — a distressing scene which might have been totally obviated by the infusion of ampler quantities of saline fluid.

It remains to describe the instrumentation which we have evolved for our saline infusion work. It is an exceedingly simple totality. The elements are arranged to secure accuracy as well as ease in administration.

1. For subcutaneous infusion we employ a graduated glass in order to measure and prepare the fluid; a thermometer, which also functionates as stirring rod; a reservoir with rubber tubing to receive and conduct the saline fluid, and a hollow needle to introduce under the skin for the effluent fluid.

A three-way tube may be interpolated in the rubber conduit, so that two separate streams may be conducted into the tissues at the same time. A small case of saline tablets completes the outfit. The whole procedure is simplicity itself, free from risk, requiring no special skill in its conduct.

2. For intra-venous infusion a small set of instruments is added so that the vein may be isolated, opened, and finally closed when the operation is complete. We say operation; for all procedures connected with saline infusion must be carried out as in an obstetric case, with an antiseptic conscience.

The old objectionable method of piston-propulsion is dispensed with; the injection force is that of gravitation alone. The rate of exit of the fluid, and the force employed can be regulated to a nicety by raising or lowering the reservoir.

In presenting this record of our infusion-work to this Congress, we earnestly trust that to specialist and general physician alike it may prove of interest as a faithful account of exigencies encountered and successes achieved. Where we have strayed from the physiological track, and essayed infusion as a therapeutic measure, we have failed. But where we have adhered to physiological indications and rectified physiological perturbations, our reward has nearly always been the highest reward of the professors of the healing art, the salvation of human life.

It must not be forgotten that the distinctive features of homœopathy—the very reason of our existence as a distinct school—lies in the means whereby we find our remedies. The fact that we use remedies prepared differently from those of allopathy, and in different form, is not the essential point of our difference. That difference lies in the selection of the remedy; and the means whereby we make the selection are—the Symptom-list and the Repertory. This is the ground we stand on.—*Clarke, Medical Advance.*

HOMŒOPATHY AND POSOLOGY*

BY ROYAL S. COPELAND, A. M., M. D. ANN HARBOR, MICH.

Last February, at the Albany meeting of the New York State Society, the homœopathic physicians of the Empire State declared by resolution the urgent need for revision and unification of the nomenclature of our attenuations. In discussing the problems at that meeting, your speaker suggested that Providence, perhaps, endowed homœopathy with the potency question in order that the practical features of our system of medicine might remain a never-ended subject of discussion. Undoubtedly, this problem, in some measure at least, has kept alive the flame of enthusiasm, certainly its consideration has rendered spectacular many a meeting of the profession which otherwise might have been quite commonplace.

There are things about potency and potencies, however, which it is more than surprising have not long since been settled, and taken from the controversial field. I make bold to refer to some of these, and, in order that there may be no chance of misunderstanding my position regarding all divisions of the homœopathic profession, I may be permitted perhaps, as on another occasion, to first declare my personal conviction regarding homœopathic practice. What one unimportant member of a great profession may or may not believe, is usually a matter of small consequence, but when he presumes to pose as a critic he should at least proclaim his loyalty to the essentials of the practice.

I believe that every man who prescribes medicine for the cure of disease, selecting the remedy in accordance with the theory of similars, is a homœopath. Whether he prescribes this remedy high or low, prepared by the decimal or the centesimal scale, in dilution or trituration, potentized by the Hahnemannian or by the fluxion method, I say, in all sincerity, that in my opinion the processes of the disease, whatever may be its name, will be more or less modified by the prescription. While I have individual preference for what are commonly called the lower potencies, with present knowledge I believe the high dilutionists, as I have met them, are curing as least as many patients, possibly more, than are we of the so-called cruder practice. My creed, you must see, is as broad as John Wesley's; of this profession, I say with him, "All men are my brethren."

There is one stern fact, however, that must be faced by every homœopath, and one that, like Banquo's ghost, will ever rise to torment the practitioner of this system: How can we explain the action of the C.M., the D.M., and the M.M. potencies? We may say it isn't necessary to explain their action; it is in harmony with the laws of nature; is a fact based on experience, etc., etc. But when this question arises, whatever may be our individual faith, the fact is it hurts to have the old school doctor, the homœopathic medical student, or the inquisitive patient, politely change the subject, or impolitely sneer, if nothing worse.

In view of the good results of homœopathic practice by our brethren who use the high potencies, most of us are content to pass

*Presented to the Homœopathic Congress.

over the whole problem, with no attempt to solve the mystery. But knowing the facts, why should we silently endure the abuse which has been heaped on homœopathy because of statements of cures made by remedies in alleged potencies, potencies which never have existed and which in all probability never will be made?

This statement is made with no thought of the sensational, and with perfect knowledge that preceding generations of our profession discussed the same problem. Unfortunately, most of their discussions are bound in journalistic literature and lost in college libraries. Many of the older listeners here to-day will remember the acrimonious debates of Swan and Fincke, and Deschere and Burdick and Allen, of Skinner, of Wesselhoeft, of Gross and Stapf and Boenninghausen, of Jones and Breyfogle, of Sherman and Dake and Bacmeister. Most of these old heroes, I am sad to say, have gone where the potency of righteousness alone availeth. Sadder still is the thought that the discussions of long ago did not suffice to unite the wings of a divided profession into an invincible army, under an insignia so evident as to obliterate the scoffings of an incredulous enemy.

In order that the younger members of the profession may understand exactly the situation as regards the alleged M., C.M., and M.M. potencies, I must, at the risk of boring some of the older practitioners, give a brief historical sketch of the departures from the practice of Hahnemann. While not literally true, perhaps, it is essentially so, that the founder of our system never prescribed higher than the potency of X, now known as the 30th centesimal. His practice varied, from year to year, from the crude drug to the 30th, and back again to potencies under the 6th. His latest advice, probably, was in favor of the 30th.

Count von Korsakoff, as you know, was the father of high potencies. This enthusiastic disciple of Hahnemann was so confident of the medicinal power of drugs, that he proposed to medicate sugar pellets by shaking a thousand or more for five minutes with a single globule medicated with a high dilution. Then came Jenichen, a layman, of whose methods we are somewhat in doubt, but who apparently was imbued with the dynamization idea to the extent that he believed succession without dilution to be sufficient. Herr Jenichen, starting with any dilution, reckoned the potencies by the number of shakes he gave the bottle. Encouraged by Hering, Gross, Stapf, Boenninghausen and others, he continued the shaking process until he reached the 60,000th. The ardor of his enthusiasm and the endurance of his splendid physique were such that he was able to devote five hours a day to this labor. Dudgeon estimates that "each succession occupied a second of time, and that by working five hours continuously without stopping for an instant to potentize one single medicine up to the 60,000th potency would take him nearly five weeks of hard labor."

With the death of Jenichen it is presumed this method lost its chief exponent. However, the large heritage of medicated pellets left his heirs has been disposed of to somebody, because to-day the highest Jenichen potency to be purchased is the 6,000th.

The demand for high potencies, especially by the American

profession, had become established. To supply it we find next the invention of various machines, chiefly the Swan, Skinner and Fincke devices, by which "fluxion," "bottle washing," "or "tin cup" potencies were made. While each has its separate mechanical device, all three of these methods are essentially the same. A description of one necessarily covers all the important features of the other two.

The method of Dr. Swan, as described by a contemporary, was as follows: He used a potentizing bottle, three inches high, with a bore of three-quarters of an inch, and a capacity of about four hundred minims. Into this bottle he put one minim of the drug to be potentized, inserted into the bottle, nearly to the bottom, a small tube finely perforated, for nearly two inches of the lower portion; this tube was connected with a water meter registering cubic inches. For each cubic inch of water running through the meter into the bottle, he counted three potencies, up to his 1 M. One hundred cubic inches gave the 300th potency of his notation, and three hundred and thirty-three and one-third cubic inches produced his 1 M. (1000). One minim of his so-called 1 M. was put into the potentizing bottle, and his $333\frac{1}{3}$ cubic inches of water run through as before. This he called millionth potency.

As Professor Burdick said thirty years ago: "It must be clear to any one that the same process which produced the 1 M. tency, from an initial drop of O, again repeated with one minim of the 1 M., would raise the potency 1000 more of his notation, and only that, which would give the 2 M. instead of the M.M." Of course, Swan disputed this, but to no purpose, in my opinion.

The theory of the fluxion potency is that the addition of each charge of water displaces that in the bottle, leaving only enough of the diluted drug to medicate the freshly-added water. As Deschere pointed out a quarter of a century ago, the bottle is in reality never emptied, and the theory of replacing a certain definite amount by constant overflow is hypothetical. As a matter of fact, potencies of the fifth made with eosin or other coloring matter, by the Hahnemannian method, show no more color than do the 1000th, made by the Swan method, "Therefore, we have a right to say," says Deschere, "that Dr. Swan's millionth, which is reached by passing $666\frac{2}{3}$ cubic inches of water through a glass containing one drop of tincture, equals the 10th real centesimal potency."

My own experiments with the Skinner potencies show that his notation is misleading. Comparison of samples, prepared under the direction of Dr. Rabe, with dilution of eosin, made in the University of Michigan laboratories by the Hahnemannian method, demonstrates that the Skinner notation, in order to be anywhere near correct, must be divided by at least five. The alleged 30th of Skinner is no more diluted than the 6th of the Hahnemannian scale, and, like all other fluxion potencies, the Skinner dilutions lack uniformity of strength.

By the Fincke process, described in the United States patent reports, the water flows under pressure from a pointed tube an inch above the medicine vial. The force employed produces a more intimate mixture, and the method is possibly somewhat superior to

Swan's. At least, Deschere demonstrated that the Fincke potencies run a little higher, although entirely short of the true centesimal. The conclusion of these experiments, very convincing to me, quoting this eminent author, was as follows: "Our 30th and 200th are much higher than any of the fluxion high potencies, which cannot be correctly calculated as to their true attenuation, on account of the many points of error in their preparation. It is, therefore, in no way admissible to use for these, notations which placed them in the rank of centesimal potencies."

The fluxion potencies, I am informed, are the ones chiefly employed by the purists of our profession. If I have made myself understood, it is apparent that in the terms of the accepted notation, namely, the centesimal scale, these gentlemen are employing in practice potencies below the 30th, probably most of them under the 30th decimal. If this is true, and if it is a fact that our common homœopathy is brought under ridicule by reason of a false notation, why cannot the stumbling block be removed by conforming to the accepted standard? Such have been the changes in scientific thought that the 30th centesimal can frighten no well-informed individual, and a decent respect for common honesty should permit only such claims as are justified by the facts.

This is delicate ground, and I desire not to be misunderstood. I am not here to question the honesty of such leaders in our ranks, the world over, as employ the fluxion potencies. Far be it from me to question the wonderful results of their superb knowledge of materia medica. Were I ill and this moment on a bed of sickness, sick unto death, I would rather have one of these splendid prescribers attend me than a whole faculty of the most famous practitioners of the dominant school. This is my sincere testimony to their professional skill. But, and I now appeal to these very men, dearly beloved brethren, the mere nomenclature of your potencies has driven from the homœopathic profession hundreds of bright young men and women, who have not remained long enough to observe the results of your practice, but have been antagonized by a notation so startling as to appeal only to the imagination. As a medical teacher, who has devoted almost his entire professional life to medical education, who has unswervingly supported every tenet of the homœopathic faith, who by precept and example has faithfully attempted in his small way to promote our common cause, let me beseech you to re-examine the facts, and, if possible, to revise, not your practice, which in my opinion is above criticism, but the notation employed in the records of your truly marvelous cures.

If I am wrong in my position, I apologize. If I am right it is the duty of every so-called high potency prescriber to correct speech and written record, employing only the standard notation, and to exclude forever the Ms., the C.Ms., the D.Ms. and the M.Ms., the Ms. which have brought needless ridicule upon the grandest and truest, indeed, the only therapeutic system!

In my opinion, therefore, our New York brethren are right in their contention that there should be revision and unification of the nomenclature of our attenuations. There should be but one nota-

tion for our potencies. It matters little, probably, whether the decimal or the centesimal scale is adopted, but since the centesimal is the older and, in a sense, the classical method, it is perhaps entitled to first consideration. Why can we not go out from this World's Congress with at least one problem settled, with the notation of the potencies a determined thing? If the fluxion method of preparation be employed, which personally I should like to see abandoned, the notation should approximate the Hahnemannian scale. Let us put aside all our differences, brethren, and calmly face a situation which is more than sentimental. Upon its early settlement, in my opinion, depends much of our future growth.

Lack of knowledge of the facts involved in the potency question is responsible for more than has been indicated thus far in my argument. Many a weak-hearted, doubting Thomas, materialistic homœopath has been turned from the faith, because of his absolute inability to grasp the idea of care with the "millionth" potency. Had it been explained to him, when he heard the report of such a case, that this is the "millionth" of Swan, really the tenth of the ordinary notation, instead of turning away in mental perplexity, if not disgust, he would have remained to hear more, to be made a better homœopath, and to resolve to cure more of his suffering patients with the homœopathic remedy.

As a homœopathic educator, I know full well that this concession on the part of the high potency wing will result in an increased attendance at our colleges and better results from our teaching. Instead of spending hours and days defending homœopathy, in attempts to explain its wonders, we will be teaching materia medica and showing results of homœopathic prescribing. Our consultation hours will not be devoted to explaining away the doubts of some freshman who has just heard of the M.M., and who cannot be made to see how such an infinitesimal dose can possibly avail.

It is almost axiomatic that the dose of medicine essential to the cure of a patient is the full amount of the remedy usefully employed to this end. In the true sense, the dose is not the amount given at one time; it is the total amount administered. If this be true, one cannot state positively that the 6th, the 30th or the 200th is indicated. The indication is for a certain, undetermined, indefinite amount of a drug, which has been selected by a well-defined and positive process. The remedy is administered in what may be called broken doses, that is, at regular intervals a part of the dose in measured quantity is given the patient; how much may be necessary is not known until recovery takes place. Were this fact kept in mind, I believe there would be much less dispute regarding the potency. At least, there would be no dispute among those who exclude the idea of a mysterious dynamic. If the "dynamic theory," as it is ordinarily understood, is accepted, then, of course, this teaching is of no value. Personally, I believe it is entirely unnecessary to fall back on mystery. Modern science makes it entirely obvious why the infinitesimal dose is the only reasonable one. The only thing to be determined in any given case is how much, or how little of the drug is required.

I have no sympathy with the homœopathic physician who is

afraid of the attenuated drug or skeptical of its value. I am not here to defend such a one. Every laboratory in the world is teaching the power of the infinitesimal. The progress in physical chemistry has made it possible to explain the action of the infinitesimal dose in language understood by the scientist even though he be unfamiliar with therapeutics. The present trend of scientific thought is confirmatory of every theory of the homœopathist. In four important particulars the recent views have an important relation to our system.

The first of these is the cellular theory of disease. Writers of the dominant school now speak of disease as being dynamic, meaning that the disturbance is not functional in the old sense, but that the life processes of the cell itself have been changed. To thoroughly appreciate this adoption of a word so long familiar to the homœopathic profession, it must be noted that the current theories to-day measure all cell activity in chemical terms. The processes of metabolism in the laboratory of the cell are identical with the reactions instituted in the laboratory of the chemist. It naturally follows that remedies, to be useful in the treatment of a condition explainable in chemical terms, must be presented to the diseased cell in such form as to be acceptable to its chemical requirements. Therefore, the infinitesimal doze is clearly demanded.

Secondly, in every branch of biological science it is an accepted fact that the living cell possesses an individualism, that it has the power of independence of action. In any consideration of pharmacology the importance of the so-called "selective affinity" of cells or "tissue proclivity" cannot be over-estimated. Hahnemann, perhaps, could not explain why the single remedy, for which he contended so vigorously, was the scientific prescription, but with present knowledge it is easily explainable. Chemical reactions are definite and positive. An unsatisfied equation cannot be completed by the addition of any wandering chemical, which by haphazard chance may come within reach. A remedy prescribed on "general principles," by random and aimless methods, may, by accident, possess within itself such a chemical component as to permit it to join in unfortunate combination with the unsatisfied cellular elements. This unhappy marriage would probably rob the cell of needed sustenance by forcing upon it a lazy and unproductive spouse. It might prove so miserable an alliance as to result in violent domestic infelicity, with breakage of the furniture and even tearing down of the walls of the cell residence itself. More likely, however, such prescribing results in nothing more than damage to remote cells having an affinity for the drug administered. The tissue originally diseased and clamoring for help is left without succor, and other tissues are destroyed or weakened by the untimely action of drugs carelessly prescribed. This is undoubtedly the effect of administering material doses, as in the practice of the dominant school. It probably follows the administration of more than the single remedy in so-called homœopathic practice. The saving grace of the infinitesimal has doubtless spared humanity much suffering at the hands of faulty and inaccurate prescribers in our own ranks.

To my mind, if there is any truth at all in our theory of similars,

it must be admitted that there is demanded one, and but one remedy. There can be no other to truly fill the needs and satisfy the craving of the crying cell. This was the teaching of Hahnemann a century ago, and is the teaching of science to-day. The single remedy, therefore, is an expression of the highest type of scientific prescribing.

Thirdly, the morphological unit of life, the cell, is a microscopical object. When one begins to estimate the size of a cell and to compute the number to be found in one human being, he is overwhelmed by the magnitude of his task. In the liver, for instance, the cell ranges in size from seventy-five to one hundred cubic microns. The micron measuring about twenty-five thousandths of an inch, it is estimated that a cubic inch of liver contains about 156,000 million cells. As we have said before, one might as well attempt to patch a pin prick with one of the pyramids as to expect a teaspoonful of medicine to be appropriated by a diseased cell. It is not a far cry to state that any drug to be of possible value to such an infinitesimal organism must be presented in most minute form.

Fourth, the accepted theories of solution have placed Hahnemann in a new light before the eyes of the world of learning. A century ago our founder called attention to the importance of dilution, and now the chemist has determined that the greatest power of the chemical is found when it is presented in such form as to break up the mass into its smallest discrete particles. Not satisfied with the molecule, the division and sub-division must be continued until the ultimate elements are reached. These, as is well known, are called ions, and the solution thus presented is said to be dissociated, or in a state of complete ionization. The authorities agree that the dissociation increases with the dilution, from the most concentrated solutions up to a dilution of about one one-thousandth normal. Complete ionization is possible only in infinitesimal dilution. It is safe to assume that dissociation of the simplest drug is not complete under the sixth decimal dilution. We are prepared, then, to believe that the therapeutic value of the drug is not lost when it is placed in such dilution as to represent an amount less than any assignable or measurable quantity.

In this connection may be mentioned the wonderful properties of radium, which have excited interest, not only in the scientific world, but in the minds of all intelligent persons. Last year, Strutt, of Trinity College, Cambridge, put forth a book entitled "The Becqueral Rays," in which he presumes to explain the action of radio-active bodies. This author mentions an experiment made with radium bromide. Placed in a glass tube and gently heated it will evolve a small amount of gas. The emanation emitted by any such quantity of radium as is at present procurable, is absolutely infinitesimal; Strutt says the volume of this gas would not exceed a pin's head. If this emanation is now mixed with a million millions times its own volume of air, the mixture is found to have all the properties of the pure radium.

It has been determined that the emanation thus diluted, generates a solid deposit, although not enough has yet been accumulated to be visible even under the ultra-microscope. The same scientific

world which to this day denies Samuel Hahnemann the reward of his labors, has accepted as conclusive the demonstrations in this field of Rutherford and others. In the language of Strutt, "there lies latent in every atom of this emanation from radium a quantity of energy absolutely gigantic." What marvelous powers in the infinitesimal!

The infinitesimal dose is as reasonable, as explainable, as scientifically sensible, as is any other one thing in natural science. Let no one tremble to observe the progress of the sciences collateral to medicine. If we study the theories of modern thought and examine them to see how they relate to homœopathy, we find nothing to disturb us. As the wing of the bird fits the air, so do the most recent views in chemical and physical science adapt themselves to our honored theories. Unless we are tardy in demanding recognition, the scientific world must soon accord to homœopathy its rightful place. By every test of modern thought it embraces all the essentials of a system of medicine, universal in application and exclusive in the therapeutic field.

The founder of our school has been the theme of a multitude of essayists. He has been likened unto many a character of history and of fable. His career has been told in song and story. But, to me, Hahnemann has seemed like the Adonis of the Greeks. Not so much in manly beauty, does he resemble this character, but because of the circumstances of his death and the heritage he left mankind. You recall that Adonis was passionately beloved by Aphrodite, who quitted Olympus to dwell with him. Having gone to the chase against the entreaties of his mistress, he was mortally wounded in the thigh by a wild boar. Aphrodite arrived too late to save the life of Adonis, but she transformed his spilled blood into beautiful flowers which will bloom forever to the joy of all mankind.

So it seems to me, Hahnemann died before the scientific world had yet awakened to the blessing of his existence, but though dead in body, his blood, transformed into the flower of eternal truth, perenially blooms, the reigning queen of the flora of science. Who can deny that the single remedy, the accuracy of its selection and the infinitesimal dose are the product of the Hahnemannian blood? Who can gainsay that the beauty of this transformed blood is the central feature of the medical landscape of to-day? Were we living in the age of fable, we would erect a temple dedicated to his worship. As it is, we revere the memory and practice the teachings of this master mind.

Sometimes there is a faint-hearted suggestion of weariness on the part of some who should be most loyal to the cause. Little short of heresy, it seems to me, is the suggestion that Hahnemann's theories have been embodied in the doctrine of another sect and sufficiently accepted to justify us in abandoning our institutional exclusiveness as a distinct school of thought. Too firmly builded in the temple of our hearts is the monument erected by our fathers in the faith, to the memory of Samuel Hahnemann. So long as the flora of science shows no more beautiful flowers than those which came from the blood of this Adonis, so long will his shrine be crowned with the votaries of his belief. If any follower faint in his pilgrimage,

let him turn aside from his quest, but in so doing, let him go in silence and not disturb the homage of the faithful. The aroma of the transformed blood is in the nostrils of a united profession, a profession which has no higher aim than to make these flowers of truth the emblem of therapeutic perfection.

UNIVERSITY OF MICHIGAN, AUG. 1906.

AN ESSENTIAL MODIFICATION OF PRINCE'S ADVANCEMENT OPERATION FOR STRABISMUS.

BY JOHN H. PAYNE, M. D., BOSTON, MASS., PROFESSOR OF OPHTHALMOLOGY, BOSTON UNIVERSITY SCHOOL OF MEDICINE.

Correction of strabismus by any procedure that effects orthophoria, free rotation, and binocular fixation at all angles, is a thing greatly to be desired, and should rank as a capital operation. Surgical interference is at present our only reliance, as orthoptic exercises by aid of the stereoscope have demonstrated that they are of value only as interesting theories, their chief difficulty being an inability to fix the attention of the subject for a sufficiently long period of exercises at an age when the recti muscles are pliant and capable of being moulded into degrees of binocular usefulness. It is ceded now by most oculists that nothing at all can be hoped for from this after seven years of age, and but a limited expectancy before this, because, as I have said, of inability to gain the co-operation of the patient in following up persistently the necessary exercise, as witness the labors of Derby, and Jouval, and Worth along these lines for many years past.

That brings us forward then to surgery of the muscles, and, of all methods devised, this one of Prince's has seemed in theory to be the best suited to the establishment of the three factors mentioned in the first paragraph of this article, i.e. orthophoria, free rotation, and binocular fixation at all angles, though in practice it has proved to be handicapped by certain defects of technique that have thrown it into temporary disrepute, but that I feel sure have been mainly, if not entirely, overcome by the method that I will describe later. And, firstly, a rapid description of the essential points of procedure in Prince's advancement operation seems to be in order, that they may be contrasted intelligently with the modification that I wish to call your attention to later. I think I can best make them known to you by the aid of the following sketch in wood-cut, representing the proposed operation on the rectus internus of right eye:

FIG. 1.

First, a piece of braided silk suture of required length should be threaded with a moderately curved needle at each end. Then, after preliminary incision has been made through conjunctiva and subconjunctiva, and the tendinous insertion of the muscle has been exposed, the belly of the muscle with its covering of conjunctiva and

Tenon's capsule below should be grasped by fixation forceps,and one needle thrust through it from without inward at point A, and burrowed along under the superior part of the ocular conjunctiva to emerge at point D, and then the needle at the other end of the thread is to be used similarly at point B, and carried along to emerge at C, after which the loop of thread between points A and B is to be caught up on a Strabismus hook and loosened, and the lower thread emerging from C be carried under the loop and upward to join with the one emerging from D, and, after the rectus tendon has been cut, these are to be tied at E until a pully-like traction has been exerted along the loop to advance the cut tendon to the point desired. The theory of this was a great improvement over the old form of advancement, as the traction in Dr. Prince's method was necessarily extended along

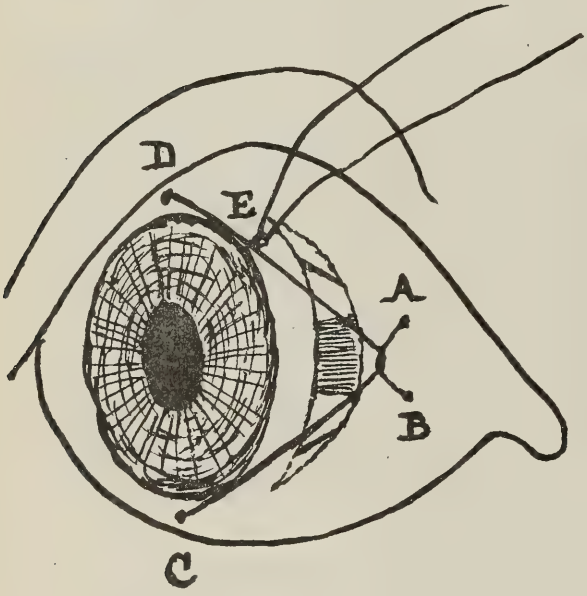


Fig. 1

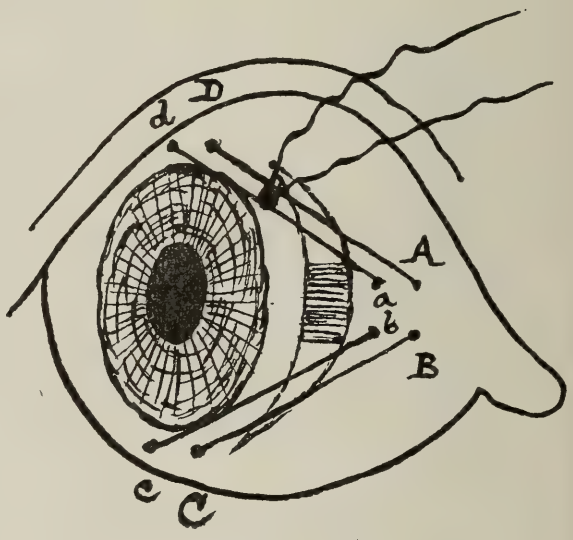


Fig. 2

the line of previous attachment of the muscle, so that when reattachment took place, the physiological action of the muscle was in accord with the compensating contraction of the other muscles of the same eye, and so a co-ordination of action retained that would manifestly have been impossible with a haphazard advancement by the old method that left the tendon reattached at any point where it might chance to occur, above or below its proper line of action, and so exerting torsion and disturbing the harmonious relation of the whole group. The weakness of this operation proved to be its insufficient anchorage at points C and D, and the liability of the sutures cutting their way promptly through the conjunctival flap, and so rendering negative the advancement, or, when they did retain their grasp, the stretching of the wet loop so as to render the results inexact.

My modification that I have put in practice for several years past with gratifying results consists in seeking a firmer anchorage for points of fixation of the suture, and of abolishing the loop altogether, substituting in its stead a second threading near the points A and B,

but retaining the line of traction along its physiological path, as conceived and intended by Dr. Prince's operation. The little sketch below will, I believe, elucidate these points of departure:

FIG. 2.

Taking as previously for illustration an imaginary advancement of the rectus internus of right eye, the primary incision through conjunctiva and sub-conjunctiva down to the tendinous insertion is made as before described, and one needle thrust through point B from *without inward* to emerge at A, then carried forward *above* the conjunctiva to D at point of tendinous insertion of the rectus superior, then thrust through the conjunctiva and *tendon* to emerge at d. The lower needle is then threaded through the rectus inferior muscle at C to emerge at c, then brought forward to b, and threaded through the belly of the rectus internus from *without inward* to emerge at a, and then united with the upper thread to be tied later with it, after tenotomy of the tendon of the rectus internus. The resultant advancement along proper lines is thus assured as in Dr. Prince's operation, but with firm anchorage and with no stretching of loop, thus securing accuracy of location and retention in position of the cut tendon.

The effect is also better secured if an assistant is instructed to grasp the eyeball above and below with fixation forceps, and to strongly rotate it toward the cut muscle at the inner canthus during the tightening of the threads.

Prince's method, and also the modification just described, have the special advantage over many of the old methods, and particularly that of Worth's, in ready removal of the suture, it being necessary only to cut it once near the knot and to draw it out.

AN EXPERIENCE WITH MERCURIUS CORROSIVUS.*

BY W. S. THOMPSON, M. D., AUGUSTA, MAINE.

After studying and practising medicine about seventeen years, an old school physician, somewhat younger than myself, rushed into my office and asked: "What do you homœopaths give for intense pain when, we of the old school, give opium or some of its preparations?" My answer was, "the homœopathic remedy." He replied, "What *is it?*" I told him that what I had been seventeen years learning, or trying to learn, I could not give to him in half an hour. A great many times we homœopaths have ransacked our therapeutic arsenal while asking the same question, "What is it?"

While I believe strongly in obtaining the totality of the symptoms of a given case, I just as thoroughly believe that the keynote, or notes, of a remedy blaze the path that leads to that totality. When I graduated in medicine, so much had been said by our different professors warning us not to fall into the dangerous habit of routinism, that my mind was firmly fixed against the custom or habit, but, in

*Read before the Maine Homœopathic Society

spite of careful individualization I found that certain seasons of the year required certain remedies, time and again, to cure their ills, and almost unconsciously I had fallen into the habit of first using some particular remedy for a particular disease or trouble.

Among some of the examples of my routinism is the use of that wonderful polychrest belladonna in affections of the bladder. In May, 1905, I was called to see a gentleman suffering with an inflammation of the bladder with the following symptoms: Frequent, painful urination, or attempts at urination, with tenesmus and straining; fever; flushed face and glassy eyes. The recurring attacks of straining were prolonged and continuous, and affected not alone the bladder but the rectum as well, causing extremely painful efforts of defection. The first remedy given was belladonna 3x in water; a dose every hour. Enough relief followed to warrant a continuation of the remedy on the second visit of the first day. Remedy continued the second day. Hemorrhage occurring the third day hamamelis 3x was exhibited with relief of that symptom. The fourth day presented the patient much worse, particularly as to the straining, the effects of which were simply horrible for me to watch, and seemingly not to be endured longer by the patient. The patient must be relieved in some way. Must I resort to opium? This was no abstractive but a concrete case of suffering for me to relieve.

Remembering the rectal straining of dysentery, which has been so often relieved by mercurius corrosivus, I resolved to try "it." Ten o'clock at night, and think of my disgust at finding the vial of merc. cor. not in the case I had at the time. I, therefore, made a hurried walk to the office and returned with the remedy, which gave almost instant relief, and the patient had a good night, as I found in the morning.

He made a complete recovery on mercurius corrosivus. Would my colleague have been ready to admit that merc. cor. in this case was "it?"

OUR MATERIA MEDICA*

BY A. L. BLACKWOOD, M. D., CHICAGO, ILL.

As the years pass the permanency of the homœopathic materia medica is acknowledged even by its enemies. It was introduced and proved scientifically. It has been tested clinically. Its claims have been verified by the scrutinizing test of the laboratory, and no longer need any puny voice be raised in apologetic tones regarding its efficiency or its stability. All it demands of friend or foe is that its principles be recognized and that they be applied only after a most thorough and complete investigation of the case under consideration.

The efficacy of the attenuated dose has been demonstrated both clinically and scientifically. Biology has shown us the usefulness of the single remedy, and while there is no doubt that much might be eliminated from our symptomatology, and while there are many

*Read before the International Homœopathic Congress

remedies that should be investigated in the light of modern research that their scope of action may be more definitely determined, yet I am positive that the greatest need of our materia medica is that it be more thoroughly studied, and that the "generals" and "particulars" of each remedy be more definitely understood. While I have no desire to defend indolence on the part of any one, nor appear to excuse their lack of thoroughness in the study of the materia medica, yet I do believe that the mentality required to become a master of prescribing is such that each student of medicine cannot become a therapeutist, as some minds can deal only in generalities and are unable to individualize, while others are analytical and can enter into the particulars, and are competent to interpret the significance of symptoms. It is from the work of the latter class that our materia medica should be judged. There are conditions that are self-limited, the symptoms disappearing without the assistance of remedies, but the course of even these diseases is decidedly modified by remedies and the materia medica should have its due credit.

A condition that often reflects upon our materia medica is the deficient taking of the case by some practitioners, in that instead of learning all they can from the patient of the deviation from health in his case, both subjectively and objectively, they secure much doubtful information by asking, or suggesting to the patient an affirmative or negative answer, and as a result, when the history of the case is completed, it consists to a very great extent of symptoms derived from the physician himself and not from the patient. Other practitioners rely wholly upon the subjective symptoms as the basis of their prescription. I do not believe the subjective symptoms to be always reliable, for frequently they are partially the result of a perverted imagination, or the suggestion of kind but imprudent friends. And none of them embrace the totality of the symptoms. I would plead for a broader symptomatology, one that takes into consideration the investigation of the case from every conceivable standpoint, one that embraces the etiology, subjective and objective symptoms, as well as the findings of the laboratory — a symptomatology that takes into consideration inspection in its broadest sense. For in the proving of our remedies we recognize the false plethora of ferrum, the anasarca of arsenicum album and apocynum cannabinum, and the edema of apis mellifica.

Palpation unfolds another group of symptoms and should be thorough, as it tells at once the character of the pulse, whether it be of a high tension, as found under aconite, or low tension as found under ferrum phos. and gelsemium. It tells us at once of the condition of the skin, whether dry and hot as of aconite, or the moist heat of belladonna, or cold as of camphor and veratrum album, — of the connective tissue, whether there is edema present or not; and all of its findings in their last analysis are but symptoms.

Percussion assists in telling us whether it is a hepatized lung that might demand bryonia, iodine or sulphur, or if the process is more catarrhal in character and thus bring phosphorus or ferrum phos. to our consideration, or if the distended abdomen is tympanitic or whether there is dullness.

Ausculation leads us to an undiscovered realm of symptomatology that nothing else will. It gives us more definite information regarding the presence of localized and permanent or transitory râles which add another to our group of symptoms. The cardiac murmur, the pleuritic and pericardial friction sound also add to this group.

As an adjuvant in gathering symptoms from the hidden workings of the system, what an assistance has the ophthalmoscope been! How it has added to the complete picture of the case as it has revealed a detached retina, an atropy of the optic nerve, a retinal hemorrhage, or an albuminuric retinitis. Not that one of these is a disease entity in itself, but each is another symptom to be added to the great total.

But language fails me when I endeavor to speak of the unbounded storehouse of information and symptomatology communicated to us from the clinical laboratory. How many times have we seen the indications for a remedy become more apparent as we have read it in a more definite symptomatology, as we have peered into the microscope and have observed the oxalates, the phosphates or urates that have assisted in completing the syndrome and rendered our remedy more certain.

Possibly it has been the findings in an examination of the blood that has added another and a positive symptom that has led one to prescribe ferrum in the case of anemia, or arsenic in a case of pernicious anemia — not from the laboratory findings alone, but from a totality of the symptoms as completed by the laboratory.

I would not have you believe that all laboratory methods are beyond question in their findings, but I do believe that they are as reliable as much of the subjective symptomatology that is obtained.

Our materia medica demands more literature upon the treatment of well-authenticated cases that have been investigated thoroughly and the remedy selected from the totality of the findings. This is needed to stimulate a more careful study of cases by physicians who are practising away from the influence of medical societies, and also as an offset to the glowing reports of cases that are sent out by progressive pharmaceutical companies to advertise their preparations.

How frequently at our medical gatherings does some good conscientious physician report having treated a large number of cases of a particular disease without the loss of a single case. In many of these cases the investigation has not been sufficiently thorough to enable him to state the condition present. I believe that we need the reporting of and the treatment of cases that have been so thoroughly examined that the most critical will be satisfied that the findings are correct; that the most critical will be satisfied that the totality of the symptoms have been taken, and the most critical will be satisfied that the remedy administered covers the totality of the symptoms of the patient, and not of the physician.

Several years of clinical work, part of the time with and part of the time without the use of the repertory, has convinced me that the result is much better when the repertory is in use, and I believe it will prove a great assistance to any one in difficult cases. When its use

has once been mastered it is of inestimable value in simplifying our search for the indicated remedy.

And here I desire to make a reference to the clinical symptoms that have been incorporated in the symptomatology of many of our drugs. I believe that these have been an injury to our materia medica in many cases, and that such symptoms should be admitted only after many verifications.

I believe that more attention should be devoted to this subject in medical societies, and the study of certain remedies under the direction of competent leaders should be carried on as a post-graduate work, and every student should endeavor to devote at least one hour daily to the study of materia medica for the first ten years following his graduation, by which time the habit should have become fixed.

THE NECESSITY OF ACCURATE WORK IN RECTAL SURGERY.

BY FREDERICK W. HALSEY M. D., BOSTON, MASS.

Twenty years spent in study, teaching, and the treatment of rectal diseases, finds me with increased respect for the subject, and each year's work adds not only to my knowledge of the diseases themselves, but opens new avenues in their relations, not alone with adjacent structures, but with the human body as a whole. Ten years or more ago, I presented to the profession a tabulated record of diseases treated, the method pursued in such treatment or operation, and the results. While such records are interesting and instructive, particularly to the compiler, of more general interest to the everyday practitioner, are the lessons learned from the total work done. Are the majority of these diseases curable, and if so how much good is accomplished to the patient as a whole by their cure? It has been said that "a genius is created not made." It might be truly added that "a specialist is developed but not created." Granting this to be true it seems unfortunate in the extreme, if, in the developing process, the man has not ten or more years of general practice behind him before entering fully into his special work, that his view may be broadened, and he may be able to see his patient as a whole and fully appreciate the intimate relation of one organ to another, and their mutual dependence.

I regret to say that the tendency of the general surgeon has been in the past, and is at present, to slight his rectal work, either at the time of the operation or in the subsequent care of the case. If the patient needs a double or multiple operation, the other fields of work are given the greatest consideration, and if any part of the operation is hurried, it is the rectal. I am sure that this is radically wrong. I would not plead for any part of the work to be slighted in favor of the rectum, but that many patients would have been better off had this been done I feel very certain. Possibly in the great stress of work which comes to the large hospital this is unavoidable, and

the operations involving little or no risk to life must be hurried. I am not prepared to say if this be true or not, but that many unfortunate, and frequently avoidable results are due to this cause I feel very sure. There is no class of work in the whole surgical field which requires more painstaking and frequently more delicate and dexterous manipulation than many operations that fall under the head of rectal surgery; nowhere are the results for good of more lasting benefit to the patient, or where bad results are capable of entailing more suffering in the same, than these. This might be considered a strong statement, but I make it after mature reflection, and extended observation. While it is not possible to obtain *perfection* in anything, certainly not along any line of surgical work, it occurs to me almost every week to see ugly and unfortunate results from the hands of expert surgeons; results generally due to haste or carelessness. Realizing as I do the complex and great variety of reflex troubles that arise from one form or another of rectal disease, I wish to emphasize the importance of painstaking work in the rectum in all double operations involving other organs than the rectum, whether they involve cervix, perineum, ovaries, clitoris, or what not. My point is that in most of these double operations the rectal should come first, not in the order of doing, but in order of importance. Possibly this may be a new thought to some—it has been in my mind for a long time. I feel very sure that the reflex sympathetic troubles due to disease of some form in the rectum, far outnumber all the other orifices of the body. When we reflect for a moment on the nerve supply to the rectum, particularly to the anal outlet, their number, their superficial location, and their close relation and inosculation with the sacral plexus, and through this with the great sympathetic system, it is not difficult to understand. If there were any doubt on this point, a few simple facts well known to every surgeon would confirm this statement. Regarding the sensitiveness of these nerves and their ability to cause suffering, the testimony of those who have had a fissure in the anus, an irritable ulcer at this point, or an internal fistula having no external opening and located between the two sphincter muscles, would be quite sufficient. With cancer we naturally associate pain and expect it, but this is somewhat dependant on its location. Many patients suffering with this disease go down to death having had little or no pain. We not infrequently see cases where the uterus is half destroyed, the patient finally succumbing to systemic poisoning, and yet the pain suffered has been inconsequential. Not so, however, if the disease be located at the anal outlet; here the pain is most excruciating. There are no nerves in the whole body capable of causing more persistent and exquisite pain when irritated, than those of the rectum. A very simple illustration will serve to bring out not alone the sensitiveness of these anal nerves but their certain connection with the great sympathetic system. There is no operation done on the human body where the anesthesia must be as profound as in rectal operations. You can amputate a leg or an arm, enucleate an eye, even, without the tremor or the movement of a muscle, but attempt to dilate the sphincter ani after your patient appears to be deeply

anesthetized, and the chances are your patient will gasp and the breathing become spasmodic and irregular. Patients have been killed by inexperienced operators who failed to recognize these danger signals and persisted in their work, giving the subject no chance to rest, and thereby adjust the violent disturbance of the nerve centers. A patient supposed to be deeply under the anesthetic, particularly where there has been some disease like an irritable ulcer in the rectum, will not only gasp and groan, when attempt is made to dilate the sphincter, but will straighten out the legs and become so rigid generally, that not infrequently quite a little time is consumed before the operation can be proceeded with; and I have seen quite a number of cases where it was not possible to anesthetize deeply enough with either ether or chloroform to keep the patient sufficiently quiet for easy or satisfactory operating. We are all familiar with the fact that this dilatation of the sphincter is one of the recognized methods of resuscitation practiced on patients in collapse from varied causes. Despite these well-known facts, the lessons which they teach are not fully appreciated by the surgeon. Particularly is this noticeable when the patient needs other than rectal work done. There is trouble in the rectum, but the disease of some adjacent organ seems more serious. The latter operation is skilfully done, but scant attention, if any, is given to the rectum. Part of the trouble is relieved, but the patient is not cured, and ultimately requires further treatment. If the difficulties in producing and maintaining profound anesthesia in rectal cases are not imaginary but really exist, it behooves us to secure the best anesthetists for this work, that the most dangerous part of the operation shall be carried to a successful issue. I am satisfied that it is partly due to this precaution that my records show but two deaths since beginning surgical work, neither of which were due to the operation itself, but rather to the lack of the same at the proper time.

As no single organ is complete in itself, and cannot be considered except in its relation with others and the whole, so no specialty is absolutely complete in itself, or should be undertaken without a good working knowledge of all adjacent organs and tissues liable to accident or disease. I cannot but congratulate myself that a realization of this fact came to me early in my work, and prompted me to spend several years under the kind and skilful eye of my friend Dr. Packard at the Murdock Free Hospital for Women; later a good many years with Dr. Boothby, and almost continuously since associated with my lamented friend Dr. Hayward (to all of whom I owe very much for encouragement and advice), perfecting myself in the operations occurring in women, many of which are closely allied to rectal work, and not infrequently are required in the same patient. While this has enlarged my field for observation and experience it has also served to impress on me the great importance of these points already noted.

The most common lesion coexistent with some form of rectal disease which has come to me for relief, is the laceration of the cervix uteri. I find on looking over my records nearly one hundred cases requiring some form of operation on the cervix, at the time of work

done on the rectum. The form of operation performed will depend largely on the character of the laceration, but mainly on the shape of the cervix itself, the long narrow neck, usually calling for the Emmitt operation, while the large, congested, and eroded neck more often requires the Martin method. These are the usual rules laid down, and until within a few years have been followed by me. For many years, however, I have wondered not a little, why so many women with wide and deep laceration experienced so little discomfort and kept so well, being free from back ache, symptoms of dragging and bearing down, and many of the other ills so common to women after child bearing. While on the other hand not infrequently the woman with the slightest tear possible suffered all the ills before mentioned. Also I noticed that operation by no means cured all these cases, although the external evidence of the tear was covered. Reading and observation taught me that the trouble did not come so much from the laceration, if the tear was clean and open, but where healing had taken place to an extent externally and left a pocket or sulcus between the external and internal mouth of the uterus; that the failure to relieve these cases was also due to a faulty method of operating, a small portion of mucous membrane being dissected from the external tear, the parts brought together, the pocket which had been doing the mischief covered up, and the case really left worse than it was before. This result may obtain even in the most expert hands, if the tissues fail to heal deeply, owing to some idiosyncrasy of the patient. To obviate this result it is my custom now to do a modified Martin in every case that will possibly allow of it, and even in the long, slender necks this can often be accomplished by an amputation of a portion of the neck, which will then allow of a folding in as practiced in the Martin method. When this is properly done, a sulcus or pocket is an impossibility. While the nerve supply to the neck of the uterus is not abundant, being markedly less than given off to the rectum, it is sufficient to produce various and far distant reflex disturbances, as is well known. In one case of my own, an asthmatic condition persistent for several weeks and resisting all remedial aid, subsided within twenty-four hours after repair of the cervix. The next abnormal condition (in point of frequency) requiring attention at the time of the operation, has been the clitoris. Where this organ has been found to be covered with a thick overhanging hood, and bound down by adhesions, removing the hood and freeing up the adhesions is usually productive of the happiest results, removing a source of irritation, and doing for the child or woman what circumcision does for the male. While this little operation is by no means necessary in every case, a careful inspection of this organ is always advisable, especially in all patients having neurotic symptoms. The condition of the orifice of the vagina will always bear close inspection. Ragged fringes of irritable hymen, constituting a fruitful source of conjugal infelicity, can, and should be removed, together with any urethral caruncle present. Rupture of the perineum, complete and incomplete, comes next in frequency, and this complication has existed in quite a large number of cases, and is always susceptible of relief at the time of

the other operation. Pelvic disorders coexistent with rectal disease are very common, requiring a laparotomy to relieve the patient and make the work complete indeed the rectal surgeon is forced to do coeliotomies in the rather large number of colostomies which necessarily come to him, for the relief of malignant and other growths impinging on the caliber of the bowel. Falling into this line of cases are those requiring a removal, complete, or partial, of the ovaries and fallopian tubes, a removal of a diseased appendix, a fixation or suspension of the uterus, for the relief of retro-version or flexion, and without which surgical work on the rectum frequently proves of little avail. Quite a number of cases of obstruction of the bowel have required abdominal operation. Several cases of fœcal fistula through the abdominal wall have required a resection of the bowel, in one instance twelve inches of small intestine being removed, an end to end anastamosis made, and happily followed by a good recovery.

In the male, phymosis, stricture in the urethra, hydrocele, and varicocele, are the only complications I have met and overcome as coexistent with rectal disease, and yet in these diseased conditions were the rectal operations slighted in the least we would surely fail to restore to health these patients, and this is after all the only thing that interests them.

It is somewhat surprising and at the same time very gratifying to read the following, which is an abstract from an editorial that appeared in the September number of the *Eclectic Medical Journal.*

The ideal system of medicine—to be realized some day—will be based on axioms, just as all real sciences are. Axiom and definition—that is the duplex basis of all science. No school can be stable if founded on a mere factor or constituent of a projected doctrinal organism. A system, to endure, must be based on a principle so individual and uncommon that it gives the system vivid distinctiveness. Nothing can endure which has not a solid, a distinctifying foundation. Eclecticism has not that, and that is why it is in decadence. Everybody who knows anything at all, knows that the atrophy of our school does not depend on clinical unsuccess. It is the theory of several prominent and representative eclectics with whom I have talked that the failing condition of eclecticism depends on the fact that its mission is fulfilled—completed. This is a favorite argument of our old-school friends. If its mission was the temporary and factional one of eradicating the atrocious drug abuses of ancient "allopathy," then it is completed. It may be put down as an incontestable fact that unless we rehabilitate our system, its integral existence is not far from its end.

If specific medication were peculiar to our school, then it would be proper to call ourselves The Specific Medicationists. But it is not—it is common to all the schools. It is pre-eminently emphasized in homœopathy. Eclecticism is not peculiar to our system; the "allopaths" are eclectic. Eclecticism is individualized by nothing except some difference from other schools in drug indication. Can a medical school be built on a fact so purely subsidiary as this? The idea is merely puerile. Homœopathy will endure, because it is based on a fixed law, the law of similars. "Allopathy" will endure—at least till some truly philosophic system supplants it—by virtue of its ancient prestige and its doctrinal comprehensiveness.

EDITORIAL

Books for review, exchanges and contributions—the latter to be contributed to the Gazette only, and preferably to be typewritten—personal and news items should be sent to The New England Medical Gazette, 80 East Concord Street, Boston; subscriptions and all communications relating to advertising, or other business, should be sent to the Business Manager, Dr. WILLIAM K. KNOWLES, 40 Mt. Pleasant Ave., Roxbury, Mass.

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Reports of Societies and Personal Items should be sent in by the 15th of the month previous to the one in which they are to appear. Reprints will be furnished at cost and should be ordered of the Business Manager before publication.

MATERIA MEDICA A LIVING ISSUE

It has become a wide-spread impression that in the medical world materia medica is far less an issue of the living present, than is the latest development in surgery or electricity. Were this true, it would be a regrettable truth. For we know that it is, after all, to our materia medica that we must turn, as the armory from which to draw our weapons to combat the great majority of the ills of mankind. Taken by and large, the cases of disease treated medically would probably be as at least twenty or thirty to one, to the cases treated surgically. This means that command of the resources of materia medica should be with us a constant ambition; a goal, to attain which it is worth our while to bend our highest energies. Apathy toward materia medica is a most unwholesome sign in the profession, so many of whose needs an adequately understood materia medica must supply. It is, therefore, a source of great satisfaction to note that, in our homœopathic ranks at least, the interest in materia medica was never more widespread, more vivid, more living, than it is to-day. Witness the completion and publication, within a comparatively brief space of time, of two such exhaustive, such epoch-marking works, as Dr. J. H. Clarke's "Dictionary of Materia Medica," and Dr. Howard P. Bellow's "Test Proving of Belladonna." Witness the fact that no other sessions of the recent International Homœopathic Congress commanded the great attendance or the unflagging, enthusiastic, long-sustained interest, of the sessions devoted to materia medica. From 10 A.M. to 11 P.M., save for the noon and dinner recesses, the meeting hall was thronged with intent and eager listeners, undismayed by the many unfavorable conditions which might well have alienated their attention and their interest; such as the humid and enervating heat, and the incessant and dis-

tracting noise of the surf, rushing under and around the pier on which the hall was situated. Surely materia medica vindicated itself as a living issue on that memorable occasion. And again, at the just-ended meeting of the Massachusetts Homœopathic Medical Society, the hours devoted to materia medica proved, under the able chairmanship of Dr. John Arnold Rockwell, the most pregnant hours of the session. Again the objective conditions were most unfavorable; the night brought one of the wildest storms of several years; despite which, in addition to the very large local representation, there were present members from no less than sixteen cities and towns, some of them of seemingly prohibitive distances from Boston. The presence of a well-known physician from far Australia, and another from Tennessee, gave added evidence of the power of the evening's subject to win interest alike against obstacles and counter-attractions.

All this speaks most encouragingly of the fact that we, as homœopathic physicians, have vividly and practically in mind where our distinctive strength lies; and that we are not likely in any immediate present, to forfeit our claim to recognition as therapeutic specialists, by any lack of appreciation of how living an issue materia medica is, and must be, in our councils and in our professional lives.

MEDICAL WISDOM IN MOTLEY WEAR

The world owes much to its jesters. An arrow barbed with a laugh will go home to its mark, when an arrow barbed with a sermon will fly far astray, and sink in the morass of oblivion. When a man meets a truth in the path of his pleasures, he is much more apt to make it his traveling-companion, than when he finds it on the path of duty. Which explains the grateful pleasure with which we have lately chanced, in one of the "best-selling" books of the hour — where surely no one would have thought of expecting to find anything of the sort! — on a bit of medical teaching, so sound and sensible that it cannot be too widely quoted or commended. It must cheer the hearts of preachers of medical reform, remembering what scant and lukewarm audiences they oftenest address, to know that this especial piece of sound good sense, wearing, as it does, the motley of familiar popular slang, will find a welcome way into thousands of minds whose doors are closely shut to any wisdom clad in a preacher's gown. It is famous "Old Gorgan Graham" who thus speaks, in those "Letters to His Son," which, if they do not rival Chesterfield's, in phrase, far surpass them in every-day ethics:

"Health is like any inheritance — you can spend the interest in work and play, but you mustn't break into the principal. Once you do, and it's only a matter of time before you've got to place the remnants in the hands of a doctor as receiver; and receivers are mighty partial to fees and mighty slow to let go. But if you don't work with him to get the business back on a sound basis, there's no such thing as any further voluntary proceedings; and the remnants become remains.

"It's a mighty simple thing, though, to keep in good condition, because about everything that makes for poor health has to get into you right under your nose. Yet a fellow'll load up with pie and buckwheats for breakfast, and go around wondering about his stomach-ache, as if it were a put-up job that had been played on him when he wasn't looking; or he'll go through his dinner pickling each course in a different brand of alcohol, and sob out on the butler's shoulder that the booze isn't as pure as it used to be when he was boy; or he'll come home at midnight singing 'The Old Oaken Bucket,' and act generally as if all the water in the world were in the well on the old homestead, and the mortgage on that had been foreclosed; or from 8 P.M. to 3 G.X. he'll sit in a small game with a large cigar, breathing a blend of light-blue cigarette smoke and dark-blue cuss-words, and next day, when his heart beats four and skips two, and he has that queer, hopping sensation in the knees, he'll complain bitterly to the other clerks that this confining office work is killing him.

"Of course, with all the care in the world, a fellow's likely to catch things; but there's no sense in sending out invitations to a lot of miscellaneous microbes, and pretending when they call that it's a surprise party. Bad health hates a man who is friendly with its enemies — hard work, plain food, and pure air. More men die from worry than from overwork; more stuff themselves to death than die of starvation; more break their necks falling down the cellar stairs, than climbing mountains. If the human animal reposed less confidence in his stomach and more in his legs, the streets would be full of healthy men walking down to business. Remember that a man always rides to his grave; he never walks there!"

A SIGNIFICANT DIETETIC EXPERIMENT

Yale University works in a strenuous spirit, of which its victorious football teams do not furnish the only illustration. Its work in scientific research equally gives example of vigor, perseverance, and demonstrable result. Certain researches along dietetic lines have

been conducted by Professor Irving Fisher of the department of Political Economy, and a summary of their results published in the *Yale Alumni Weekly* for Oct. 3d. Numerous references to these experiments have appeared also in the daily press, notably a recent lengthy and favorable editorial comment in the *Boston Herald.* The full report has not yet been published, but in a contribution on the subject to "*Science,*" Professor Fisher says the experiments were undertaken "to discover whether proper mastication and enjoyment of food would produce the 'physiological economy' claimed for it by Mr. Horace Fletcher, and also whether it would lead to the use of low proteid according to the standard advocated by Professor Chittenden. The result of the experiment would seem to answer both these questions in the affirmative. The experiments were conducted with nine Yale students and lasted from January to June, 1906. Careful record of the amounts of food taken and the constituents in proteids, fats, and carbohydrates, was kept for each man for each day. To avoid weighing at the table, the food was all weighed in the kitchen and served in 'standard portions' of 100 calories each, or simple fractions or multiples thereof, so that the men merely needed to record the number of portions eaten. The propositions of proteids, fats and carbohydrates were found by means of the Mechanical Diet Indicator, described by Professor Fisher in the *American Journal of Physiology* for April. During the first half of the experiment the men followed two rules only: The first was to thoroughly masticate the food up to the point of 'involuntary swallowing' with the attention, however, upon the taste and enjoyment of the food rather than upon the mere mechanical act of mastication. Any 'counting chews' was discouraged as was also the forcible holding of food in the mouth, as experience of others, as well as the conclusions of Pawlow had seemed to show that anything which tended to make eating a bore harmed rather than helped digestion. The second rule was to obey implicitly the leadings of appetite, both in regard to quantity of food and the choice between different foods...

"This first half of the experiment, therefore, was really an experiment in natural eating, if we may assume that it is unnatural to hurry through our meals and eat what is set before us, out of politeness, habit, or limitation of choice. It was found that as a consequence a profound change occurred in the diet of the men. There was a large reduction in the quantity of liquids of all kinds at meals: water, tea, coffee, and even soups. There was a reduction in the total daily average of calories consumed of about 10 per cent, a reduction of proteids of about 15 per cent, and of flesh foods (meat, fowl and shell fish) of about 40 per cent.

"During the second half of the experiment the two rules above mentioned were continued in force, but a third was added. This was, when the appetite was uncertain in its choice of foods, to give the benefit of the doubt to the low proteid and non-flesh foods, and to foods classified, provisionally, as the most wholesome. This influence of suggestion was never carried, however, to the point of eating against appetite. This still remained supreme. Suggestion was used merely to settle cases where appetite was not decisive.

"During the second half of the experiment there was a still more pronounced change in the character of the diet. Comparing the diet in June, with that in January, it was found that the total calories had fallen about 25 per cent, proteid about 40 per cent, and the flesh foods over 80 per cent, or to about one-sixth of the original amount. Moreover, the proteid had fallen to the level indicated as desirable in the previous experiments of Professor Chittenden, which is one and a half calories of proteid per pound of body weight . . .

"Gymnasium tests were made to ascertain the strength and endurance of the men. It was found that their strength had remained practically constant through the experiment, while their endurance increased during the first half about fifty per cent, and during the second half by as much more. A marked distinction was drawn between strength and endurance, strength being the utmost force which a muscle can exert *once,* and endurance the number of times that a muscle can perform an exertion well within its strength. . . .

"The average improvement from January to June, making every possible allowance, was over ninety per cent. The men were not as stiff and sore after the June as after the January tests, in spite of the fact that they had performed double the amount of work."

Many points of this highly interesting report merit especial consideration. For instance, the fact that, left to their unrestricted choice, the subjects of the experiment voluntarily adopted the vegetarian diet, as that affording them most pleasure. Again, that on this diet, so far from losing animal vigor, the subjects in question made the amazing gain of over ninety per cent in working capacity and power of endurance. Yet, again, it is significant that a condition of the experiment was that the subjects should "fix their attention" on getting the utmost pleasure from the exercise of eating. When we remember that it is at Yale University that the physical director commands his students to "*Think muscle,*" this fact of the demand for concentrated "attention" in the experiment under consideration, becomes a factor of much interest.

"A" OR "THE" LAW OF CURE: ONE WORD MORE

In the editorial columns of our esteemed contemporary, the *Medical Advance,* for September last, an article signed "Q. E. D." takes vigorous exception to our recent comments on the question as to whether any system of treating the sick should arrogate to itself the title of "*The*" law of cure. A discussion on a point of this sort, as is threatened in the present instance, oftenest resolves itself into a question, not of facts, but of phrases. Sifted to the bottom, if time were well spent so to sift it, a basis of agreement would probably be found between "Q. E. D." and ourselves, on most points of the present question at issue. There would probably still remain, as now there remain, two opinions on the accurate use of a phrase; and time were certainly very badly wasted in any attempt to make these opinions one. For example, we should find ourselves agreed as to the law of similars being the only consistent and effective law

yet discovered under which to administer drugs for the positive and direct cure of the sick. We should also find ourselves agreed that other therapeutic means — in the broad sense of the word surgery is most certainly a therapeutic measure, as indeed, are climatic, electric, massage and other methods of treatment that legitimately make for the cure of the sick,—sometimes restore the patient to health when medicines administered under the law of similars have failed to do so. As to yet other therapeutic measures — such as the use of diphtheria anti-toxin — being more frequently curative than the homœopathic remedy in certain exactly defined diseases, we evidently should not agree; nor could the point be approximately settled by either controversialists "I think." Such points are only settled by weight of statistics. The statistics of anti-toxin speak for themselves, in the sharp fall in reported mortalities in diphtheria, from those directly before its introduction to those directly after its introduction. This, however, is somewhat aside from the question immediately at issue; which would seem to be this. If certain non-homœopathic therapeutic measures, when employed, are followed by the restoration of the patient to health, are we not strictly accurate in referring to them as curative measures? If curative measures, do they not operate under *a law of cure?* Is not *"The"* law of cure, therefore, a phrase of far wider application, as it is a thing far larger, far subtler, far more mysterious, than anything that can be bounded by a rule for drug prescription? Let us then, by all means, as homœopathists, claim for the law of similars that it is *"The"* rule *for the prescribing of drugs* for the cure of the sick; the only logical, the only demonstrably and consistently useful rule to follow in such prescribing. But let us as physicians, as honest and humble students of the vast forces which govern the phenomena of life and death, recognize that so all-embracing a phrase as *"The"* law of cure, can only rationally be applied to that silent, beneficent impulse which works continually from within to restore equilibrium in disorder, health in disease; that vague and mighty and beautiful inner force which was known from of old as the *vis medicatrix naturæ;* the healing strength and will, mercifully inherent in the very constitution of things; *The Law of Cure,* working alike through the rule of similars in the administration of drugs, and through the surgeon's steel; through the vibrations of electricity, the suggestions of the trained human will, the ministrations of air and water each as called on, in turn, for service, by the educated, earnest, and catholic healer of men. "I dressed his wound, and God healed the man," said the great and wise and humble surgeon. So may we say: I administered the drug; I excised the tumor; I guided the electric current; I builded the sick a tent where mountain airs blew — and *The Law of Cure,* through my chosen method of curing, made the sick well. Whatever cures, operates under the Law of Cure. Of all channels through which that Law may work, no single one should dare arrogate to itself the great, all-comprehensive name.

BOOK REVIEWS

The GAZETTE is in recept of a description of the Basle Anatomical Nomenclature, this being a selection from the sheets of Dr. L. F. Barker's forthcoming book upon "Anatomical Terminology," to be published by P. Blakiston's Son and Company.

To one who has for years devoted his attention to teaching or to demonstration, and who has been troubled in a way difficult to adequately describe by the many names and synonyms for identical structures, this book will be of particular interest. There will be included 4,500 anatomical names which were accepted by the Anatomical Society at Basle in 1895, being the most suitable designations for the various parts of the human anatomy that are visible to the naked eye. These names are all in correct Latin, having been selected by a group of the most distinguished anatomists in the world as the shortest and simplest available terms for the different structures. A single name is given to each part or structure, and the large number of synonyms which prove so confusing are eliminated.

Dr. Barker concludes his prefatory statement as follows: "Of one thing I am convinced—co-operation is, from now on, essential for the welfare of a satisfactory anatomical language. Simplicity, accuracy, and serial connection will be favored if anatomists agree to use terms, in common, for the structures studied in the schools. The teacher's work will be simplified and the pupil's task will be lightened; instruction will be unhampered, research will flourish and anatomical science will gain in dignity and in precision.

A Manual of Otology. By Gorham Bacon, A.B., M.D., Professor of Otology in the College of Physicians and Surgeons, Columbia University, New York. With an Introductory chapter by Clarence John Blake, M.D., Professor of Otology in Harvard University. Fourth edition, revised and enlarged. With 134 illustrations and 11 plates. Lea Brothers & Co., New York and Philadelphia. 1906.

The author, in presenting this fourth edition of "A Manual of Otology," is continuing, and at the same time extending, his usefulness to the medical student and the profession at large. In order to cover the advances in otology since the last previous edition appeared, it has been necessary to add forty new pages, four new plates and fourteen additional illustrations. Among the new topics considered are "Suppurative Inflammation of the Labyrinth," and "Primary Jugular Bulb Thrombosis." Other portions have been rewritten to coincide with advancing otology.

The book, as a whole, is concise, comprehensive, up-to-date, and well indexed for ready reference, and will appeal strongly to the medical student and the busy practitioner.

Before and after Surgical Operations. A treatise on the preparations for and the care of, the patient after operations. By Dean T. Smith, B. Sc., M.D., Professor of Surgery and Clinical Surgery, University of Michigan, Homœopathic Department, Ann Arbor. 260 pages. Cloth, $1.25 net. Philadelphia: Boericke & Tafel. 1906.

This little volume is designed especially to aid the general practitioner in preparing for an operation in a private house and in caring for the patient afterward.

It first deals with the general conditions common to all operations, and then takes up the special after-care for many of the different operations most commonly performed. Homœopathic therapeutics is given considerable attention throughout. It fills a long-felt want. In most text-books on surgery the after care of surgical cases is either so deficient or so scattered that it is almost impossible to get at the general principles. Here, however, we have concisely expressed all that need be known by the general practitioner.

Chemistry: General, Medical, and Pharmaceutical, Including the Chemistry of the United States Pharmacopœia. A Manual on the Science of Chemistry, and its Applications in Medicine and Pharmacy. By John Attfield, F.R.S. M.A., and Ph.D (Tubingen), F.I.C., F.C.S. Professor of Practical Chemistry to the Pharmaceutical Society of Great Britain, 1862–96. Edited by Leonard Dobbin, Ph.D. (Wurzburg), F.I.C., F.C.S. Lecturer on Chemistry in the University of Edinburgh. Nineteenth edition. Lea Brothers & Co.: Philadelphia and New York. 1906.

This book, which has been in print in one of its various editions snce 1867, fully justifies the favorable reception that has been the lot of the preceding volumes. It has been brought thoroughly up-to-date in accordance with the latest pharmacopœias of the United States and Great Britain. The author's expressed ideal has been to produce a manual for medical and pharmaco-medical students, in which not only the science of chemistry is taught, but in which the chemistry of other substances having interest for the followers of medic ne and pharmacy is set forth with accurateness. In striving to attain this ideal, the writer has been eminently successful. In addition to the descriptions of the various elements, metals, acids, bases, etc., we find chapters upon urinary examinations, organic chemistry, chemical toxicology and systematic analysis. To quantitative analysis are devoted about 75 pages of very concise directions and descriptions. The various alkaloids, which are of such importance in medicine at the present time, receive satisfactory attention. Included within the 700 pages will be found a great amount of valuable information arranged in such a way as to be easily accessible and readily comprehended. Concerning the typographical appearance nothing but commendation can be expressed.

Second Report of the Wellcome Research Laboratories at the Gordon Memorial College, Khartoum. Andrew Balfour, M.D., B.Sc., F.R.C.P. Edin., D.P.H., Camb., Director. Department of Education, Sudan Government, Khartoum. 1906.

It is seldom that a report or book reaches the reviewer containing a larger amount of original investigation prepared in as acceptable a manner as this.

The first report received from these laboratories was in 1904, and the present one includes the work done from that time to the present date. There has been a gradual increase in the staff, which now consists of a director, a chemist, a traveling pathologist, and a naturalist, an economic entomologist, two assistants, and one clerk. The work performed by Dr. Neave, the traveling pathologist, is most valuable. He investigated, among other things, the distribution of the glossinia palpalis, which is supposed to bear some etiologic connection with the sleeping sickness. In addition, he discovered new trypanosomes in fish and birds. In addition to the considerable amount of original work performed, there has been a large number of routine examinations, pathological, chemical, hygienic and dietetic, the results of which will doubtless prove very beneficial to the country. A floating laboratory is projected, to be located upon a small steamer which can be moved from place to place over the large extent of country, and where original work can be readily pursued. The articles which are given in detail cannot here be more than mentioned by name. They include a report of mosquito work in Khartoum, a study of biting and poisonous insects other than mosquitos, an article upon human and animal pests, a hæmogregarine of mammals, trypanosomiasis in Soudan, reports of the staff, and miscellaneous notes. The wealth of the material accessible to investigators in this hertofore little-known country makes it a place peculiarly attractive to the student of medicine or to one interested in the discovery of new or hitherto unexplained causes of disease. Work, such as this, pursued in various parts of the world will add, within the near future, an incalculable amount to medical knowledge and to the ability to combat and prevent disease.

Growth of Homœopathy During the Last Sixteen Years. With Some Reminiscences. By Thomas Franklin Smith, M.D.

This small booklet contains an address delivered by Dr. Smith before the New York Materia Medica Club upon the 150th anniversary of the birthday of Samuel Hahnemann.

Certainly no one is better qualified than is Dr. Smith to discuss such a subject, as he has literally lived and spent many years in the cause.

BOOKS, PAMPHLETS, REPRINTS, ETC., RECEIVED

Treatment of Pneumonia. By William F. Waugh, A.M., M.D.
Practical Disinfection. Circular issued by the Illinois State Board of Health.
Socialismo Bio-terapico. By F. Maltese, Italy.

SOCIETY REPORTS.

MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY

The sixty-sixth semi-annual meeting of this society was held in Pilgrim Hall, Boston, on Tuesday and Wednesday, Oct. 9th and 10th.

On Tuesday, at 8 P.M., the meeting was called to order by the president, Dr. J. H. Sherman, to listen to the report of the Committee on Materia Medica. The following series of papers was presented, under the chairmanship of J. Arnold Rockwell, M.D.:

1. Study of a Case. Richard S. True, M.D.
2. Report of a Case. Edward A. Miller, M.D.
3. The Influence of Homœopathic Remedies upon Symptoms Found in Acute Mental Disorders. George S. Adams, M.D.
4. A Comparison of the Value of the Homœopathic Remedy to Other Therapeutic Measures in Incipient Phthisis. George N. Lapham, M.D. Discussion opened by Herbert C. Clapp, M.D.
5. Homœopathic Remedies to be Thought of in the Treatment of Incipient Phthisis. David P. Butler, M.D. Discussion opened by Percy G. Browne, M.D.
6. New Sphere Where Lachesis is Curative. Albert H. Tompkins, M.D.

As noted elsewhere, the unusually satisfactory attendance showed that the interest in Materia Medica is a live one, and one that proves attractive to the large number.

At 10 A.M., on Wednesday, the Committee on Surgery, under the chairmanship of Dr. Charles T. Howard, reported as follows:

1. Pyelitis and Pyelonephritis, with Their Surgical Treatment. A. Howard Powers, M.D.
2. Some Surgical Lesions of the Spinal Cord. Charles W. Morse, M.D.
3. Surgical Operations upon the Insane. With Report of Cases. Winfield Smith, M.D. Discussion opened by George S. Adams, M.D.
4. The Surgical Treatment of Ectopic Gestation. Frank T. Harvey, M.D.
5. The Indications for Operation in Cases of Floating Kidney. James B. Bell, M.D. Discussion opened by Wm. F. Wesselhoeft, M.D.

At noon, Dr. John L. Coffin, representing the Committee on The Boston University School of Medicine, spoke briefly concerning the status of the school, and called upon the following alumni: Dr. Babcock, Dr. Gardner, Dr. Winfield Smith, Dr. W. K. Bouton (Australia), Dr. F. C. Richardson.

Boston Universjty School of Medicine,

Dr. Babcock:—I feel almost like apologizing to you for my appearance here to speak for Boston University School of Medicine. It is some twenty-four years since I left that institution, and the longer the time becomes the more grateful I am to the men who tried so hard to make it what it should be. When we remember that very nearly one thousand graduates have passed through the halls of Boston University, and the faithful work that the faculty have put forth, we owe them a duty that we can never pay, and my first thought is that we ought to give them greater support than we have given them in the past, and in coming here, we come as a child to the parent, for the college is an outgrowth of this society.

I think we have not all done what we might for Boston University. It seems to me that the greatest need to-day is the loyalty of the alumni. Much more might be said, but for my part let me beg of you greater loyalty to the Boston University School of Medicine.

Dr. Gardner: Mr. President, and members of the Society, it gives me great pleasure to say a word for my Alma Mater, because I have great regard for our school, and I need hardly enumerate how many noble men and women have come out of the Boston University School of Medicine. I believe that in many of her departments she is excelled by none. I believe that our surgeons are excelled by none in this country. Our pathalogical department is excelled by none in this country. Great work is being done by Dr. Watters, and all the other departments are excellent.

Now, is there any particular way by which our school can be made more valuable to its students and graduates? Now, I believe a great deal in homœo-

pathy, but I also believe that every practitioner at the present time should know all he can about the practice of medicine. . . . Now, when I say this I do not want you to think I am casting any slur upon homœopathy, but I do believe we should be right up to times and have equally as good general training in materia medica as do men who graduate from the University of Pennsylvania and Harvard University. Many of us have taken post-graduate courses at Harvard. When I graduated, I did not feel my weakness in any one line so much as I did in prescription writing, dosage, etc., particularly when I came in contact with men of the old school. We ought to know about pharmacology.

I am more of an advocate of homœopathy than I ever was, but when I give a homœopathic remedy it is not because I could not give anything else, but because it is more valuable than anything I can give in that particular case. I say, give all the instruction possible.

Dr. Winfield Smith: This is entirely unexpected for me to be called upon to speak for Boston University School of Medicine. It is a good many years since I studied there, and I doubt if there is anybody any firmer in their conviction of the benefits to be derived there than myself. As far as the needs of the school are concerned, I think the school needs money, that is all. Dr. Gardner has spoken of one thing which might be remedied, and there may be other little things, but these can be remedied very easily. The great difficulty is,—we need money, and if we can get money, Boston University School of Medicine can remedy every defect. Therefore, as the college originated in this society, I think it is more or less up to the society to support the college. I believe the thing we need is money, so that we can have endowment scholarships, so we can get men to give their entire time to the college.

Dr. W. K. Bouton of Australia: I am very glad that I have not been referred to as the man from Australia. I went there in 1885, but I am American still. I have been told that there are not enough men here, as it is, but I claim that men should spread out. If Boston holds all her men here you will not have the money that is needed. I am here prepared to take a man back with me, if he will go. One man said, "I suppose it is missionary work." That is the first time I have ever been taken for a missionary. I want him to go there, not as a missionary, but to build up homœopathy. I want to see some of the young men who have followed the faculty carefully in their teachings, come and help to build up the work in Australia. We have five graduates of Boston University outside the city limits. It is the man who makes the profession. The whole faculty of Boston University cannot make the man. They can start him, but the man will have to build his own fortune.

In closing, I want to assure you that we mean to maintain in Australia the high standard set by the Boston University School of Medicine.

Dr. Frank C. Richardson: Mr. Chairman, Ladies and Gentlemen, I regret that I was not here when I should have been. That was unavoidable. I do not know what has been said in behalf of Boston University, but Dr. Coffin requested me to speak of the needs of Boston University. That can be generalized. It needs the hearty co-operation of the profession everywhere, especially throughout New England, and particularly that large part of it which should properly support the school; I mean the Alumnæ of Boston University School of Medicine. The school is, at the present time, in better condition than ever before as far as scientific work is concerned. We have not as many students as in time past, and as a matter of fact, no school has at the present time. The quality of students is as good at least as we have ever had. There is a spirit of earnestness, a do or die spirit, a "get there" spirit.

So far as its standing is concerned, I mean in its relation to other schools, you probably know it stands well. It is well up to the head of the list. It is not easy to get into our School. It is not easy to get out of it honorably, and the graduate has nothing to fear if he graduates from Boston University School of Medicine honorably. from any state board of registration. Our graduates are wanted down there in Australia. They are wanted everywhere. We are constantly having application for our graduates. A few years ago we sent a man down to Pittsburg as interne in one of the large hospitals, and they were having considerably sepsis in the hospital. This man timidly asked permission to make some cultures. They looked upon him indulgently and pityingly, but gave him permission. He made the cultures, located the trouble, and at the end of his term as interne he was made pathologist of the hospital.

I was interested to have placed on the registration cards this year some intimation as to how the student happened to come to the Boston University School of Medicine, and the replies were not in the line I had hoped for. I expected to see that students were sent by Alumnæ, but was very much disappointed to find that most of them came without any recommendation from any of the alumnæ. I was pleased to find in at least three or four instances that they were recommended by old school men who evidently recognized the claim of our school to give a first-class medical education. In the case of one young lady the answer was that she had been recommended to attend our school by a professor in the academic department of Harvard University. This is another recognition of the high character of our school. Another wrote that he had been recommended to our school by old school men, who claimed it was not a homœopathic school. Now, I think that criticism has been made before, and to say that it is not a homœopathic school, and that homœopathy is not taught there is to acknowledge one's ignorance. I believe with scientific men to-day that the science of medicine is so big and so broad that drug therapy holds only a proportional part of the field. We claim to give a liberal medical education, and to train in homœopathy besides.

I want to say that what Boston University needs to-day is the loyalty of its alumnæ. We need students. We need money. No institution is in no more dire need of funds, but we do not beg for money. Some of you have sent students elsewhere. There is no excuse for that. We want you to send us students, good material, good men, good women, those who will not disgrace the school on going out and failing to pass the state boards.

Dr. Samuel Worcester, representing the Maine Homœopathic Medical Society and Dr. W. K. Bouton, representing Australia, were then received.

Delegates

Dr. Samuel Worcester: I am very glad to be here. Although I am a delegate from Maine I am really in Connecticut where I am associated with Dr. Givens.

I am very glad to meet my former associates of Boston University, and also students I used to know. Some I do not recognize at all, and it reminds me that I am constantly growing old. My love for Boston University School of Medicine continues and will never cease.

Dr. Bouton of Australia: I have already made one speech. As a delegate from Australia I am very glad to be here. I was also very glad to be at the meeting in Atlantic City. I enjoyed the meetings of the Congress very much.

New members: Ballot for new members resulted in the election of the following: John A. Balcom, Ph.B., M.D., Lynn; Alfred M. Bigelow, M.D., Mansfield; Francis X. Corr, M.D., Dorchester; Le Verne Holmes, M.D., Arlington; Agnes Martyn, M.D., Roxbury; Herbert E. Maynard, M.D., Winchester; C. Maria Nordstrom, M.D., Malden; Paul R. Oeser, M.D., Lawrence; Frank R. Sedgley, M.D., Boston; Hovey L. Shepherd, M.D., Winchester; Erdix T. Smith, Jr., M.D., Springfield; Henry Watters, M.D., Newton; Alice S. Woodman, M.D., Dorchester.

After adjournment for luncheon, the annual oration by Dr. G. Forrest Martin proved very attractive, instructive and interesting. The subject was "Our Problems and Our Opportunity as a School."

Following the oration, Dr. S. H. Blodgett, representing the Committee on Dermatology, Syphilology and Genitourinary Diseases, introduced Dr. George F. Laidlaw of New York. Dr. Laidlaw's able paper dealt with Hæmaturia and Its Treatment, and was freely discussed by Dr. J. P. Rand and Dr. W. F. Wesselhoeft.

Urinary Incontinence from the Functional Standpoint was treated by Dr. E. P. Colby in his usual able manner.

The Committee on Gynæcology, through its chairman, Dr. R. C. Wiggin, presented two papers:

1. Electricity in Amenorrhea. By Mary A. Leavitt, M.D.
2. Surgical Gynæcology. By Alonzo J. Shadman, M.D. Discussion opened by Nathaniel W. Emerson, M.D.

BOSTON HOMŒOPATHIC MEDICAL SOCIETY

The regular meetng of the Boston Homœopathic Medical Society was held in the Natural History Rooms on Thursday evening, Oct. 4, 1906. The meeting was called to order at eight o'clock by the president, Dr. David W. Wells.

The records of the last meeting were read and approved.

Harry J. Lee, M.D., was elected to membership.

Voted: To adopt the following amendments to the Constitutions and By-Laws:

The addition of the words "perform the duties of a publication committee" to Section 5 of the Constitution, so that the sentence shall read, "These officers shall constitute an Executive Committee to meet once a month, arrange for the meetings of the Society, perform the duties of a publication committee, and transact such other business as the Society may commit to them."

The addition of the article, "All papers read before the Society shall become the property of the Society," to the By-Laws.

Scientific Session

IMPORTANT OR INTERESTING CASES

Dr. Watters:—A case came to me yesterday from the dispensary, which seems to me to be in one or two particulars worthy of mention.

It was the case of a young man about twenty-five years old, who had noticed a progressively growing tumor on the left side beneath the ribs, which was gradually protruding below them in a way unpleasant to him. He came to the dispensary and was examined by four or five of the physicians on duty, who diagnosed this tumor as splenic. It extended from the left hypochondrium to and below the level of the umbilicus. The question was, as there was extreme tenderness, whether it was abscess of the spleen, sarcoma of the spleen, chronic malaria infection, or what? Recourse was made to blood examination, when it was found that the blood showed instead of 6,000 leucocytes, 307,000, demonstrating without any question that it was a case of splenic leukæmia.

Another case, which was still more interesting, was that of a woman about forty years of age, who was admitted to one of the other hospitals in the city, where her case was diagnosed as ovarian cyst. She was to enter the following day for operation. She went to one of our colleagues for examination, and he sent her to the laboratory for a blood examination. We found that the leucocyte count one of typical splenic leukæmia. This "ovarian tumor" as it had been called, was only an enormously enlarged spleen which extended downward and was probably in contact with the right ileum, giving the patient, as she walked, the appearance of a pregnant woman at about full term.

I mention these cases to illustrate the fact that sometimes a blood count will decide a diagnosis as nothing else can do.

Program

The Brown Tail and Gypsy Moths. With particular reference to Caterpillar Dermatitis. Illustrated with stereoptican. A. H. Kirkland, superintendent of gypsy moth work.

Diagnosis, Complications, and Treatment of Caterpillar Dermatitis. John L. Coffin, M.D.

Dr. Sutherland gave an informal report of the meeting of the International Homœopathic Congress at Atlantic City, after which the meeting adjourned for a social half-hour.

B. T. Loring, *General Secretary.*

BOSTON SOCIETY OF HOMŒOPATHICIANS

Meetings will be held monthly through the coming winter, beginning on the evening of Nov. 6, at 176 Commonwealth Avenue. The sessions will be devoted, as usual, to a study of Homœopathic Philosophy and Materia Medica through the presentation of appropriate papers, reports of cases, discussions, etc. All interested are invited to attend.

NEIGHBORHOOD MEDICAL CLUB

The monthly meeting of the Neighborhood Medical Club was held at Young's Hotel on the evening of Oct. 18th, with an unusually full attendance.

Dr. J. H. Sherman, President of the State Society, was the guest of honor, and was presented with a handsome silk umbrella.

After the banquet the paper upon cremation by Dr. C. W. Barnes gave rise to a very free discussion; the feeling in favor of cremation was apparently unanimous.

The Talcott Round Table—The Atlantic City Institute meeting furnished the occasion for the formation of a society which is bound to fill a want. The Talcott Round Table is to be open to all physicians who have been or are now connected in any way with public or private hospitals for mental diseases under homœopathic control. The object is to cement the bonds that should naturally exist among fellow workers and this is to be attained by a gathering of the members at a luncheon or dinner during the Institute week. The first luncheon took place at the Hotel Dennis, Atlantic City, on September 13th. The naming of the organization after Selden H. Talcott was a graceful tribute to the man who did so much to establish the value of a hospital for mental invalids under homœopathic control. The first president is Dr. C. Spencer Kinney, of Easton, Pa., and managers, superintendents and assistant physicians who are eligible for membership should get into communication with him on the subject.

OBITUARY

Silas B. Dickerman, M.D., died in Abington Oct. 1, 1906. He was born in London, N. H., Sept. 22, 1849, but his parents moved to Concord, N. H., when he was very young, and there he spent his school days, graduating from the High School in 1865. He graduated at Hahnemann College of Philadelphia in 1870, located in Abington in 1872, and was married the same year to Miss Luella Glidden. Losing his wife, he married again in 1886 Miss Flora M. Varney.

Dr. Dickerman was one of the trustees of the Abington Saving Bank from 1889 until his death, and was on the Board of Investment. He served on the School Board eight years, was a Free Mason, and a Knight Templar, and held high offices in these organizations. For many years he served as moderator in town meetings. He was a member of the Massachusetts Homœopathic Medical Society. A widow and one son survive him.

HOSPITAL BULLETIN.

Greenfield Hospital—There will soon be erected, at a cost of about $40,000, a new hospital in Greenfield, for the use of Franklin County.

Burning of American Hospital in Constantinople—The American hospital, recently founded in Constantinople by Dr. Thomas S. Carrington, was completely burned upon the day before its formal opening. The loss is partly covered by insurance, and the directors hope to rebuild immediately.

Virchow Hospital—After a considerabe length of time in preparation, the Virchow Hospital in Berlin is nearly completed. There will be at least 2,000 beds in the institution when all the departments are provided, including nearly 600 for the surgical service, 500 for internal medicine, nearly 100 for the obstetric and the same number for the gynecologic department. A special building for diphtheria will contain 34 beds and other special buildings for males and for females suffering from venerial diseases will possess 374 beds and 146 beds respectively.

PERSONAL AND GENERAL ITEMS.

Dr. Orpha D. Bruce, B. U. S. M., 1885, is National Senior Vice-President of the Woman's Relief Corps.

Dr. W. O. Mann has been partially incapacitated for work for a few weeks past on account of rupturing the muscles of the leg.

Dr. W. K. S. Thomas recently sustained a very painful, but fortunately not serious, injury to his leg, as a result of an automobile accident.

Typhoid in Natick—A quite pronounced epidemic of typhoid broke out in Natick early in October, where something over fifty cases were reported within a short time.

Alleged Cure of Leprosy—One of the lepers who has been in the Massachusetts Leper Colony on Penikese Island is reported to be cured of the disease, and will probably soon be released.

Dr. J. B. May, B. U. S. M., 1904, who has for the past two years been located at Gloucester, announces his removal to Duxbury, where he will occupy the office formerly kept by Dr. Amesbury.

Dr. Harry J. Lee, who has recently completed a two years' service in the Massachusetts Homœopathic Hospital, has opened an office at 225 Hanover Street, Boston, where he may be consulted after 3 p.m.

Dr. W. K. Bouton, B. U. S. M., '85, senior surgeon to the Homœopathic Hospital, Melbourne, Australia, has returned to Boston from Atlantic City, and will be at the Hotel Nottingham during the greater part of November and December.

Dr. J. P. Rand of Worcester is to give a course of six lectures on "The Principles and Practice of Homœopathy" at Boston University School of Medicine on Tuesday evenings at 8 o'clock, beginning Nov. 13th. All who are interested are invited to attend.

A. D. Dye, M.D., who recently completed his term of service at the Massachusetts Homœopathic Hospital, has located at 250 Pine Street, Williamsport, Pa. A letter from the Doctor informs us that he has a satisfactory situation, and has already a very gratifying number of patients.

Dr. J. Herbert Moore, who has been spending the summer abroad in the study of diseases of children, has just returned, and has resumed his pediatric work in the Out-Patient Department of the Massachusetts Homœopathic Hospital and his lectures upon pediatrics in the medical school.

Typhoid in Maine—A series of cases of typhoid fever have been found in the towns along the Penobscot River, above Bangor, Me., particularly at and near Oldtown. These have probably originated from some place higher up the river, as many of these towns empty their sewerage into that river. The inhabitants have been warned against the use of the water from that source, unless boiled.

Cards are received announcing the marriage on Wednesday, Sept. 26, of Miss Grace Howard Ham to George H. Rand, M.D., B. U. S. M., '00, of Livermore Falls, Me.

Word has from time to time reached the Gazette concerning the success that Dr. Rand is achieving in Maine, and we most heartily congratulate him upon the new era in which he has entered.

The statement that Boston was well represented at the meeting of the International Homœopathic Congress at Atlantic City will be substantiated by the following facts: Fifteen physicians from Boston either presented papers or opened the discussion upon such. They were as follows: Drs. H. P. Bellows, J. E. Briggs, H. C. Clapp, E. P. Colby, N. W. Emerson, J. H. Moore, H. Packard, G. B. Rice, F. C. Richardson, G. R. Southwick, J. P. Sutherland, M. W. Turner, W. H. Watters, D. W. Wells, W. Wesselhoeft.

President and Mrs. William E. Huntington extended a most enjoyable reception and dinner to the members of the various faculties of Boston University and their wives, at Hotel Vendome, on Saturday evening, Oct. 20. About one hundred guests sat down to the dinner. The post-prandial exercises consisted of short speeches by representatives of the College of Liberal Arts, School of Theology, Law School, Graduate Department, and School of Medicine. The last named was represented by Dr. Frank C. Richardson, registrar, whose words were encouraging.

We are extremely pleased to note the words of praise which our English colleagues, Drs. Clark and Burford, have to give American institutions in the reports of their recent visits to America, which they have made in our British contemporaries, the *Homœopathic Review* and the *Homœopathic World*. The Gazette wishes our distinguished guests might have spent more time with us so as to have seen more of our institutions and manner of life and become more thoroughly imbued with the American spirit, but we hope very sincerely indeed that the pleasure of meeting them may soon be repeated.

We have been very well pleased with the new dress of our old friend, the *Pacific Coast Journal of Homœopathy*. After an unavoidable delay of three months, subsequent to the San Francisco disaster, this journal is edited in a smaller and, probably to the average reader, more attractive form. Its editor Dr. H. R. Arndt, deserves great commendation for his able work, and we are pleased once more to be able to read the very strongly written editorials from his pen. The Gazette extends its most hearty best wishes to its old friend, and trusts that a much deserved, large increase in its subscription list may follow.

Cleveland Homœopathic Medical College—In view of the somewhat disappointing status of this school, as indicated by the State Board examinations of 1904, we are very glad to learn that a great improvement has taken place. In 1905 this college has been able to report 100 per cent of successful candidates appearing before the various examining boards of the country. Certainly, if the energy and executive ability displayed by those members of the faculty with whom we are most familiar, particularly Dr. Kimmel, is shared by the instructors at large, the students cannot help obtaining excellent instruction in this institution.

An indication of the interest evidenced by the members of the Massachusetts Homœopathic Medical Society at its last meeting, when the subject of materia medica was under discussion, is the following: At the session on Tuesday evening, Oct. 9, in addition to the city of Boston and its immediate suburbs, as Dorchester, Brookline, Somerville, etc., the following cities and towns, among others, were represented: Brockton, Fall River, Lexington, Lowell, Marblehead, Melrose Highlands, Newton, Plymouth, Providence, Rutland, Stamford, (Conn.), Wakefield, Waltham, Westboro, Weymouth, Harriman (Tenn.), and Melbourne (Australia.)

The *International Journal of Therapy* of Cincinnati is one of the new medical publications. It is edited by Dr. Otto Juettner and contains some interesting papers.

A lady physician, a graduate of B. U. S. M., desires a position in a sanitarium or as assistant to a physician. Address Dr. Annie M. Gannon, 34 Isabella Street, Boston.

[*Continued on advertising page* 14.]

THE NEW ENGLAND MEDICAL GAZETTE

VOL. XLI DECEMBER, 1906 NO. 12

ORIGINAL COMMUNICATIONS

HOW FAR DO HOMŒOPATHIC AND OTHER PHYSICIANS AGREE, AND HOW FAR CAN THEY AGREE? *

BY RICHARD C. CABOT, M.D., INSTRUCTOR OF MEDICINE HARVARD UNIVERSITY.

A new generation has grown up since the bitterest controversies were waged between the two main sects of our profession in this country. With this growth has come the disappearance of some of the grounds of difference. Personal antagonism has largely disappeared. I suppose no homœopath now receives from members of our school any of the social avoidance or arrogant disdain which I am told used to be meted out by the past generation. We have learned that a group of homœopaths are very much like any other group of physicians. In your school, as in our school, there are some fools, some fanatics and some knaves, but in your school, as in ours, there are those who are intelligent, high-minded and eager for the truth wherever found.

We have begun to meet together for discussion both at the bedside and in scientific societies like this. We consult together and we study together.

These are great gains attained by the growth of a spirit of tolerance and of truth-seeking on both sides. I shall not try to estimate which of the two sects has changed most. I am quite prepared to believe that we have been more in the wrong than you, and that we have receded from more false positions than you have. But I am concerned more with the result than with the stages and processes by which it was attained ; more with the question of "Where are we now?" than with the route by which we have arrived here. I am not interested in inquiring who is to blame. If you say that we, the old school men, are greatly to blame, I will cheerfully admit it, and will search my conduct for evidence of injustice or prejudice still remaining,— but my chief interest is with the present, not the past ; with an attempt to get together now, rather than with an inquiry into the causes and delinquencies that have kept us apart hitherto.

*Read before the Boston Homœopathic Medical Society, November 1, 1906.

I propose, therefore, to begin with a recapulation of the points of agreement gained so far, and then to suggest some items of work and practice in which I hope we may agree still further.

I

We agree, first of all, in these fundamental sciences on which the practice of medicine is based, — physics, chemistry, biology, anatomy and physiology, gross and microscopic, normal and pathological. This agreement is nothing new, but its consequences have not, I think, been fully recognized. For if we agree so far, we must also agree in all that can be strictly and legitimately deduced from the data of the fundamental sciences.

In so far as diagnosis, prognosis, or treatment are strict and logical applications of the anatomical or physiological facts of the case in hand, there can be no difference of opinion between our schools. "In so far" I say, and I am very well aware that it is not very far. Still, some examples are obvious. *Physical, chemical and biological diagnosis,* for example, are logical applications of the principles of physics, chemistry, biology, to the known data of anatomy and physiology. Hence it comes that on questions of physical, chemical and biological diagnosis we all agree nowadays.

I do not know whether this agreement has always existed, but my impression is that diagnosis is one of the fields in which your schools and ours have been getting together more and more in the last ten years. This is a very great gain and presages still further agreements in the near future.

II

Surgery is another example of a branch of the physician's art which is based directly on anatomy and physiology. Because the facts of anatomy and physiology are facts for us all alike — we can and do agree on surgery. This, again, is especially true of late years and in this country. I find in some books by English homœopathic writers a spirit of hostility to surgery quite foreign to the attitude of members of your society in this vicinity, and I am told that homœopaths are having their cases of appendicitis with abscess operated on earlier nowadays than was the custom ten years ago.

III

Hygiene and prophylaxis exemplify still further the extension of our basis of agreement as we apply further and further the principles of the fundamental sciences which all educated physicians alike acknowledge to-day. Hygiene and prophylaxis are simply the applications of bacteriology and physiology to the problem of keeping well. The isolation of infectious disease, the destruction of the excreta of the typhoid and the sputa of the tuberculous patient are typical of the many important measures for protecting the public health in which there is no longer any disagreement between us. Dietetics, physical exercise and the full use of our neglected birthright — fresh air — are taught and practiced by both schools alike, because they are deductions from the data of physiology.

Whenever the treatment of a disease consists essentially in diet and good hygiene — as for example in phthisis — we find no considerable difference in the practice of Homœopaths and Old School physicians.

IV

Wherever *asepsis or antisepis* is demanded, there is no difference between us. Surgeons differ, of course, as to the value of particular methods of sterilizing hands, instruments, dressings, and the field of operation, but there is no distinctive old school view or homœopathic view in such matters.

So it is in diseased conditions where *local treatment* is indicated. Local diseases of the skin, of the mouth, and upper respiratory passages, of the urethra, bladder, rectum, and female genitals are treated, I take it, by both schools on the same essential principles.

Whenever chemical or physiological antidotes are demanded as, for example, *in poisoning cases* and in the neutralization of acid by alkali, we find all well educated physicians of both schools in substantial agreement.

Mechanical therapeutics includes *surgery*, the application of orthopedic and other forms of apparatus, massage, manipulation, vibration, exercise, active and passive ; do we not wholly agree in this branch of treatment?

I do not know whether Bier's method of treating joint diseases by the production of active hyperæmia through heat, or of passive hyperæmia by bandaging, is properly to be described as homœopathic, but whether it is homœopathic or not, it is, I suppose, as acceptable to us all, because it rests on biology and physics, not on pharmacology.

Heat, cold, counter irritation, electricity, are applied by both schools alike. *Radiotherapeutics* is, I believe, considered a striking example of the homœopathic principle. If so, it shows the sprouting of homœopathic methods within the old school.

My impression is that *hydrotherapeutics* and conscious *psychotherapeutics* are used more extensively by our school than by yours, but this indicates no difference in principle between us — for the good offices of water and mental influence are not the property of any school, and all physicians are sure to avail themselves sooner or later of any usefulness that there is in these methods.

The beneficial effects of good *nursing* are not subjects for controversy, and I suppose that outside the giving of medicine there is no difference between a Homœopathic and an Old School nurse.

There remains two types of therapeutics regarding the homœopathic view of which I must ask you to enlighten me — I allude to *vaccination and to serum therapeutics*. There are men in both schools who refuse to vaccinate or to give antitoxin in diphtheria.

Are such persons relatively more numerous with you than they are with us? I must ask you to answer the question for me, but however, this mathematic problem may be settled, it seems to be the fact that there is no orthodox opinion among homœopaths against the use of vaccination and antitoxic sera.

The use of *tuberculin* is a form of vaccination which illustrates better than any example known to me the approval of homœopathic principles in our school. Tuberculin is, of course, not an antitoxin, but a toxin, and its therapeutic use is a form of vaccination. The poison of tuberculosis which can produce some of the symptoms of tuberculosis is here applied in small doses for the cure of tuberculosis through the production of immunity, or resisting power in the tissues. Surely, this is a case of "*similia similibus curentur*," as homœopathic writers have pointed out. The use of bacterial vaccines in infectious diseases recently produced by A. E. Wright is distinctly homœopathic.

But the revival of tuberculin therapy within the past ten years (after its abandonment in 1890) illustrates the victory of another homœopathic doctrine within our school. I mean the doctrine of the occasional utility of very minute doses. No one in this country has had so much experience with tuberculosis as Trudeau of Saranac Lake. No one has tested so critically and cautiously the merits and dermerits of this remedy. As a result of his fifteen years' experience of its use he published last August an account of his own methods, and in a recent letter to my friend, Dr. John B. Hawes, Jr., he has amplified and reiterated his statements in a most interesting way.

What dose does he use? Not the 10 milligrams often employed in the early nineties — not even the 1 milligram or ½ milligram recommended later. At present he begins his treatment in febrile cases with 1-10,000th of a milligram and in febrile cases with a 1-100,000th of a milligram. This 1-100,000th of a milligram, when injected under the skin in a centimetre of water and absorbed into the circulation becomes diluted about 5,000,000 times by the body fluids. Hence we imagine the original milligram of tuberculin acts in a dilution of 1-500,000,000,000 ! What fixes this dose ? Precisely the homœopathic principle, namely, to produce a definite good effect without any observable ill effects.

Of course I do not mean to imply that we have already reached an agreement as to the proper dosage of all, or even of very many, remedies. But we have now observed the occasional utility of very minute doses, and you have long since admitted the occasional benefit of very sizable doses. In principle, therefore, we already agree. It remains to work out the multitudinous details of the application of these principles.

We sometimes follow the maxim, "Similia similibus curentur," but not often. You sometimes follow it, but not always. We strike at the cause of the disease and remove it whenever we can find that cause. So do you, whenever you are convinced that it is a cause, as with intestinal worms, or head lice. Those of you who are convinced that quinine kills the malarial parasite in the blood just as a vermifuge kills an intestinal parasite in the gut, use quinine for malaria, just as we do.

We have come round to your minute doses in some cases, and there is no knowing how much further we may go. You, on the other hand, are not tied down to minute doses, but are quite ready to use larger doses when better effects are obtained thereby.

V

THE SINGLE REMEDY

Let us turn now to another cardinal tenet of homœopathy — the *single remedy.* There we must frankly confess that old school practice has come much nearer to homœopathic usage within the last ten years. We, many of us, use but one drug at a time. *"Drug"* is never synonymous with *remedy* in our terminology, and so we should rather say that we often see several remedies, *e.g.*, regulations of the diet, fresh air, exercise, hydrotherapy and mind cure all at once, but with these remedies we perfer to combine not more than one drug—sometimes less. When I turn to some of the older books on therapeutics, some still used in our school, and see how the frail human stomach is expected to bear not only the drug but an adjuvant, a corrective, a flavor and perhaps more ingredients, I rejoice that we no longer practice what some of our text-books still preach.

There is no longer any ground for discussion between us as to the advisability of giving but one drug at a time. I think there is no longer any considerable difference between the practice of the two schools in this respect and in consultation with seven of your body, Drs. Sutherland, Batchelder, Rockwell, Moore, Carvill, Everett Jones, and Hubbell, I have found entire agreement as to the advisability in special cases of giving several drugs alternately to the same patient.

Not long ago a meeting of this kind would be sure to attempt a discussion of the belief that Homœopaths treat symptoms while Old School practitioners treat the cause of the disease or the diseased organ itself. But in our time this, like so many other grounds of controversy, has vanished.

You and we alike treat the cause of disease whenever we can find it (which, alas! is not very often.)

You and we alike extirpate a diseased organ by surgical interference when the symptoms appear to make such action advisable.

You and we alike are often unable to locate the cause of disease, or even the diseased organ, and then you and we alike fall back upon the treatment of symptoms. None of us wants to treat symptoms if we can remove their cause. All of us are forced to treat symptoms when we can't find or can't remove their cause,—as is the case in the great majority of cases seen by any general practitioner. Sometimes we treat the totality of symptoms — that is in our language, the evidences of disturbed functions, when we recognize them, as for example, the dropsy, dyspnœa, cough, palpitation, insomnia, nausea, oliguria and pain produced by passive congestion in uncompensated cardiac disease. Sometimes we are forced to treat a single symptom, like headache, because we can't connect it with any other symptoms or with disease of any organ.

We are all in the same box here and there is nothing to discuss.

VI

A LAW OF THERAPEUTICS

It has been perfectly just to charge our school in the past with the absence of any principle or law in therapeutics, and to contrast the order and system of homœopathic treatment with the helter skelter omnium gatherum of merely empirical methods. But the

contrast is no longer just. Homœopathy has a well-defined law which has been established [like all laws] empirically and is constantly and properly being subjected to re-verification through careful experiments. We also have at last, after much groping and long years of work obtained a law of therapeutics, a principle of therapeutic effort — namely *the principle of immunity* — natural and acquired, and of the means by which it may be attained, augmented, protected.

To increase the power of the organism to resist disease is the aim of our diet-therapy, our hydrotherapy, our mechanical and surgical therapy, our mind cure, rest cure, and work cure, our climatic and hygienic efforts, and of all the most satisfactory part of our drug-therapy. That this law is as wide as the law of similars, I think you will agree with me, for though it does not cover all our pharmacology it does extend over the other fields of our therapeutics where food, water, light, air, exercise, mind cure and even much of surgery find their place.

Your principle does not yet apply to all cases. Neither does ours. Your principle is empirically built up and empirically verified; so is ours. We are not bound by our principle, nor you by yours, but in both schools the principle guides research and stimulates discovery, which is the true function of a principle.

Our views of the founder of homœopathy are far less divergent from yours than they were fifty years ago. We recognize now that in his day and generation he stood for a great and beneficent reform in medicine. The "gentle action" of homœopathic remedies and the "high regard for the unaided powers of nature" which is characteristic of homœopathy are in refreshing contrast with the violent and obviously harmful methods of Old School practice in Hahnemann's day. Had we lived in that age how fortunate would any one of us have been who fell into Hahnemann's hands and so escaped being bled, purged, puked, sweated and salivated, as was then the custom of our school. All this we now recognize. On the other hand, homœopaths no longer feel bound to defend everything in Hahnemann's system, and generally recognize that in many respects the science of medicine has not stood still since he died.

Do I then think that there is entire agreement between our schools? Not at all. We have come far towards you and you far towards us. Which has gone the further I do not know nor care, but we are still far apart in a portion of our pharmacology, and my purpose in the remainder of this paper is to indicate certain ways by which, I think, we can come nearer still.

First of all, one thing is certain. There must be concessions on both sides — not only on your side, if we are to get together. We must admit that we have been wrong in the past and probably are still wrong in many points. We have certainly been wrong — some of us, — in our prejudices against homœopaths, in blaming all homœopaths for the faults of a few. I confessed to you a year ago how much surprised I was to find that there were homœopaths both honest and intelligent. Well, there are still a good many of our school who have not made the discovery, and it is high time that

they should. I suppose there are also in your body some who find it hard to believe that we of our school are not all arrogant and prejudiced.

VII

SOME OF OUR MISTAKES

We have been wrong in the past in refusing to consult with homœopaths and to join with them in state and national societies. But we have seen and admitted our wrong and are doing our best to get together with you wherever you will meet us now.

We have been wrong and irritating in arrogating to ourselves the term of "regular" as opposed to homœopathic. You have been kind enough to spare us more and more of late that ridiculous term "allopath," and to call us by the neutral name of "old school." This is by no means a perfect designation for an up-to-date profession which in therapeutics has largely repudiated its past and now agrees with you in everything else. Still, in the interests of harmony I think we should sacrifice something, and no one can help recognizing the arrogance of the term "regular."

We have been wrong in saying and believing, as we often have, that there are no real homœopathists nowadays, none that really take Hahnemann's doctrine of similars seriously. One of the things that has most impressed me in my friendly and pleasant contact with homœopaths during the past year has been the studious care with which my friends in your school endeavor to select remedies according to the law of similars, and the unfeigned confidence which (in certain cases) they place in these remedies.

We have been wrong in not admitting more candidly the bearing of certain well-known facts of pharmacology on the issue between your school and ours. The use of digitalis in relatively small doses to relieve symptoms similar to those of its overdose, the partial similarity between the symptoms of scarlet fever and those of belladonna poisoning, the supposed value of ipecac in controlling nausea (still stated in our text-books, though most of us fail to obtain any such effects) the fact that you can produce some (by no means all) of the symptoms of malaria by large doses of quinine and some lesions like those of syphilis by overdosing with mercury, that nitroglycerine will often produce and sometimes cure a headache — all these are facts which we should realize and whose significance we should study as far as we can.

We have been wrong in experimenting so little as we have with homœopathic remedies. The whole question for us should be, do they work? Not long ago I suggested during a consultation that it would be well to try 1-25 of a grain of calomel in repeated doses for a toxic diarrhœa in an old lady. The attending physician was horror stricken. "Why, that's homœopathy," he said. "Well," I said, "it was suggested to me by an old school physician, one of the best-known men in this country, and he learned it from his father who was a homœopath. Let's try it, anyway."

So we did try it and excellent were the results.

We ought to be as free in using your remedies as you are in using ours, and in acknowledging publicly the good or the harm that results.

VIII

SOME OF YOUR MISTAKES

Now, after these confessions, I hope I shall not seem arrogant when I venture to suggest certain changes to you, changes that might operate to remove sources of misunderstanding and irritation between our school and yours. I will begin with some trifling matters of nomenclature which yet have their importance as causes of friction.

I think you homœopaths are somewhat too tenacious in your hold on *roots* and *stems* — not in the botanical but in the linguistic sense.

(a) The German word "Prüfung" is a good word, but its proper translation is not "proving" but *testing* or *experimenting.* Proof in ordinary English means something very different from experimentation. When you speak of proving this or that, the impression naturally conveyed is that you are demonstrating what is already true, as one does in geometry, whereas in medicine your effort is an open-minded search to find out what the truth is. The lawyer who can and will prove anything is justly called a liar, but if proof meant only test, the readiness to prove all things (as in the Scriptural usage no longer current) is most praiseworthy.

I should suggest, then, that you no longer hold yourselves aloof from common usage, and translate in future the word "prüfung" as the rest of the world translates it, namely as *testing.* Thus you will sound more open-minded and less dogmatic.

(b) The Latin word "Cura" is not to be translated as cure, but as care. Of course you all know that as well as I, but I cannot help thinking that misunderstandings have arisen in the past because you have spoken of curing disease with a drug when you have realized as well as we do that nature does the larger part of the work, assisted more or less by our drugs and other remedial measures.

To us, and I think to the public in general, a drug that cures a disease is a specific, yet I take it that Dr. J. H. Clarke properly states your position when he says ("Homœopathy Explained," p. 149) "In homœopathy we have, as I have shown over and over again, no specific for diseases." You cure diseases as little as the rest of us. You take care of the patient and promote his recovery by drugs and other measures. It sounds arrogant to say as homœopathists sometimes do that the old school palliates while homœopathy cures. It is, I believe, an over-fondness for stems and roots that has lead to this misunderstanding. Let us use the word "cure" only when we believe that we have a demonstrable specific for a disease, as we think we have in quinine and diphtheria antitoxin.

(c) In naming drugs let us keep as close as we can to current usage outside the profession and cease to hold ourselves aloof. Let us call a spade a spade ; let us call *corrosive sublimate* by its christian name rather than by the stumps of two name like *merc. corr.* when we mean *charcoal,* let us not call it *carbo* ; when we mean *sulphur and oyster shells,* let us say so rather than cling to that curious relic "*hepar sulph.*" When one means *lime,* why should one say *calcarea?*

Now, I am quite aware that many of our own school are doing

the same thing when they write their prescriptions in barbarous medieval Latin, or speak of nitroglycerine as glonoin. But it is, I think, a mistake in all cases.

(d) Finally, I think it would conduce to clearness in discussion, if both parties would be careful not to limit *therapeutics* to *drug therapeutics,* for that accents unduly the differences between our schools. *We agree not only in the diagnosis, prognosis and course of disease, but in the whole of therapeutics outside of drug therapeutics and in a portion of drug therapeutics itself.* One of our chief grounds of difference, and one not always appreciated by homœopaths is in the relative importance of drug therapy as compared with other forms of treatment. The best men of our school to-day use far less medicine, I should judge — even in actual bulk — than you do. The chief issue between us is not between homœopathic drugging and old school drugging, but between the old school physician with very little emphasis on drugs and very much on hygiene, dietetics, mechanical, physical and psychic therapy, and the homœopath who adds to a certain belief in these remedial agents a much larger belief in drugs. I doubt if you gentlemen realize how large a proportion of our patients are treated without any drugs at all, and how little faith we have to-day in the curative power of drugs. I think most men of our school to-day would say that the only diseases really cured by drugs are malaria, diphtheria, myxedema and those due to intestinal parasites.

Gentlemen, we want the truth, all of it that we can get hold of. So do you. Two ships that steer for the same port are sure to come together sooner or later, no matter how far apart they may be on the ocean. If we keep ourselves in this mind, if we are fair and honest and not uncharitable, we shall pool our knowledge some day and abolish sectarianism in medicine. I hope and pray that this consummation may come in our life time. Whether it does or not depends largely upon us — our earnestness, our honesty and our good will.

THE QUESTION OF A COMMON GROUND IN THERAPEUTICS

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In seeking a point of departure from which to proceed to the adjustment of differences a century old, it must be remembered at the outset that the common ground of which we are in quest is to be sought in two directions, the direction of theory and that of practice. They cannot be strictly consistent with each other until we are in possession of much more positive knowledge than we now command. Our theories may be logical and scientifically correct, but the exigencies of practice too often demand expedients to make it possible to adhere undeviatingly to the soundest principles. We shall therefore dismiss at once all reference to an exclusive dogma or any similar man of straw such as has too often figured in our polemics. For

the followers of Hahnemann there has never been a reasonable doubt as to the existence of a common ground on which to meet easily those with whom they have been forced by reason and experience to differ on points of principles of practice. But they have refused to admit that this ground could properly be of their opponents' choosing. These latter, on the other hand, have declared until now that the only ground on which to meet must be that occupied by themselves. It now appears that time has softened in a measure the asperities arising out of this antagonism, and that convictions are gaining ground in many quarters that an approach towards harmony is among the possibilities of the present day.

From the side of the homœopaths, at least, the neutral ground of which they have never wholly lost sight, despite many obscuring influences and misdirected wanderings, is more plainly in view than ever, in consequence of the later developments in medical thought and the resulting changes in practice, on the part of the profession at large, — changes which need to be carried but a few steps further to bring fully into view that form of agreement which alone can obtain among those dealing with problems partially or wholly unsolved. It cannot, in the nature of things, be a perfect agreement ; but in order to reach an understanding it cannot be difficult, with good will, to proceed from the points on which we already agree as rational physicians to those on which a more perfect agreement is possible.

We may leave behind us as no longer in debate all the more positive knowledge of the profession concerning the structure and functions of the human organism in their more observable aspects. There is no homœopathic anatomy or physiology, nor is there a homœopathic pathology so far as concerns the observable structural and functional departures from the normal. The body of inferences and speculations from these departures, however, may show wide differences in many respects. Hence there is no homœopathic surgery, ophthalmology, laryngology or other specialty, as the Boston *Medical and Surgical Journal* erroneously supposes, nor is there any longer a homœopathic hygiene or sanitary science distinct from that of the dominant school. In all these fields constituting so large a part of medicine there can be no wider divergencies of opinion and practice between the two parties in issue than those existing between individuals of either side. Here we are on ground so unreservedly accepted by both sides that their differences in practice are of vanishing importance. The main obstacle to a more perfect agreement lies in the narrow field of pharmaco-therapeutics alone, out of which all the errors, all the dissensions and all the endless confusion have arisen from the beginning.

To bring something like order out of this confusion an expedient way presents itself in the discussion of the principles, methods and general resources of modern therapeutics formulated in a recent address of Professor Goldscheider of Berlin on "Natural Therapeutics," or, to translate more correctly, on "Therapeutics in Conformity with Nature." * To the majority of homœopaths this brief review

* Deutsche Med Wochenschrift, March 8, 1906.

and analysis of practical medicine could hardly be more acceptable if the author, whom no one will suspect of homœopathic leanings, had read and inwardly digested Hahnemann's Organon. And altho' it cannot be truly said that he stands as the exponent of the current practice of the great body of the profession, it may be assumed that no man of scientific attainments, well-considered experience or modern views, would refuse to subscribe to his thesis.

While it would lead too far to enter fully into all the theoretical discussions here set forth, there are certain of these matters not to be disregarded since they are of fundamental importance. They offer the secure starting point from which to proceed from the general to the particular, from sound reasoning to sound practice, and to show at the same time where the majority of homœopaths stand, the reasons for their position and the points on which they continue to differ from — let us say — the American Medical Association.

In choosing this course I shall refer to Hahnemann, not because we swear by the vows of the master or stand in all respects where we stood as a child of his day and environment, but because on the essential principles of therapeutics — I mean those underlying all therapeutics — he was a full century in advance of his time, and because we hold that on these principles homœopathy securely rests. And here we must distinguish clearly between his principles and methods on the one hand and his theoretical attempts at their explanation on the other. This distinction is of the first importance at this point, for the reason that by all outside, and by some within its fold, homœopathy is supposed to rest on purely speculative grounds, and to draw all its arguments from an obsolete philosophy which denies the material basis of life, and with it, all the postulates of modern biological science in its relation to physiology, pathology and therapeutics. Against this profound and most pernicious error we enter our strongest protest, despite the fact that in his later years Hahnemann did adopt the arguments derived from the prevailing philosophy of his day, as we adopt the philosophy of our day in the attempts to solve the problems perplexing us, unmindful of the certainty that soon this philosophy, too, will be obsolete. But for those who pursue scientific aims of a practical character, philosophy can never be taken seriously as the arbiter of truth, since all deductive reasoning must rest on scientific conceptions as these rest on more or less demonstrable facts, the aspects of which are forever changing. In the region of pure theory, therefore, we claim the liberty to differ with Hahnemann and among ourselves as well as with those who seek light in opposing directions.

Here we may agree to disagree in the most amicable manner, but in matters of inductive reasoning or of practical knowledge, we must seek to come more closely together than we now are. For this purpose we must start from the same premises. Such premises I believe we shall recognize in Professor Goldscheider's general and special propositions, which may be shown to have a close relation to those fundamental principles on which homœopathy is supported.

It would not be difficult to place in parallel columns these modern conceptions of the principles of therapeutics and those of

Hahnemann in order to show their relationship, but inasmuch as there are also inevitable divergencies on which it is necessary to dwell, I shall briefly state Professor Goldscheider's theses first, and follow them with such comments and comparisons as will best suit the purposes of our inquiry.

In the interest of scientific humility he reminds us, first : That the physician is confronted daily with the most difficult problems, the unsolved problems of the processes of life. The normal as well as the abnormal manifestations of these would present to us an incomprehensible chaos did we not create order by grouping and classifying these phenomena with a view to the discovery of the laws covering their interrelation, succession and combinations.

2. The rules we formulate for the course of disease and its treatment can be derived only from the observation of the pathological process itself — not from speculations concerning its ultimate origin and essential nature.

3. The value of these rules can be tested only by experience. But experience is deceptive. To collect it is by no means easy. It can have value only for the conditions under which it is gained. In other words, generalizations from individual experiences are fallacious.

4. The correct course of the search for the artificial cure of disease is the observation of the natural or spontaneous cure, *i.e.*, the unaided recovery. One thing is certain, the natural process of healing does exist ; the organism possesses forces and processes by means of which it resists and may overcome disease. Leyden is quoted as saying that disease is a battle between the diseased process and the organism of which the physician is the observing spectator weighing the chances and stepping in only when he sees his opportunity. His aid is dependent upon the natural forces

5. It is of fundamental importance for the comprehension of the clinical picture of disease to distinguish between the two series of its manifestations, the immediate phenomena produced by the invading cause and those of the defensive reaction of the organism. This is most difficult, as our knowledge is still too imperfect, and many most important questions await their answers. How important this distinction is, however, for purposes of practice will appear at once on reflecting that we cannot be permitted to oppose the phenomena belonging to the spontaneous efforts at restitution.

6. Experience teaches that it is within our power to force upon the organism curative reactions of which it is not of itself capable, reactions, identical with, or intimately related to, the natural curative reactions. (Heilbestrebungen.)

7. Hence, the most natural therapeutics, those most in conformity with nature, consist in the use of specific remedies, in the sense that these correspond to the substances produced by the natural healing processes, or that they cause the production or heightened action of these defensive substances or antibodies.

Then follows the consideration of the various therapeutic measures and methods for the support, guidance and control of the inherent forces within the organism by the operation of which recovery or defence against the inroads of disease is effected. But the majority

of these manifold therapeutic resources we may pass over, since in regard to them we are on the common ground of accepting freely the conception of disease as of great diversity in its etiology, course, products and consequences, and of accepting as freely the need of meeting these diverse conditions by a diversity of remedial agencies, dietetic, hygienic, surgical, chemical and others. Our interest centers on the nature and use of those agents of which the action has a direct bearing upon the conceptions of homœopathic medication. These agents are substances foreign to the organism, produced in the laboratory, and drugs in the older sense. The action of both is to produce defensive reactions. Regarding their use Professor Goldscheider urges again the course of imitating nature in her efforts to counteract the processes of disease, as contrasted with efforts to interfere with nature. He expressly declares it to be an unpardonable error to assume that therapeutics in conformity with nature is non-medicinal. Drugs, too, he insists, act according to the inherent laws governing the processes of the organism ; many, in fact, like phosphorus, lime, iron, iodine and others being essential to its needs and composition. In so far as those substances are concerned, which are foreign to the organism, it is to be remembered that our nourishment consists in large measure of mineral and organic matter which the system adapts by its own processes to the needs of nutrition and moreover, that among the albuminous substances foreign to the organism, but closely related chemically to nutritious material, are many of a distinctively poisonous nature, while quinine, for example, and digitalis, substances most certainly foreign to the organism, possess curative virtues — or produce curative effects, of a most most pronounced character

In pursuing this subject, the further statement is made that though the constant search for specifics is smiled at in certain quarters, this search has its origin in a "correct tendency." Continuing, he asks : "Should the progress of chemistry not succeed in producing curative substances of a specific nature, such as are formed in the cells by natural curative reaction ?" But above all — and to this it is important to call especial attention — we have here the distinct acceptance of the curative effects of substances foreign to the organism, drugs included, as opposed to their so-called physiological effects. In this we have a conception of drug-action much at variance with that sceptical attitude of mind regarding drugs presented to us here but a few months since by another representative of scientific therapeutics.

In this connection a process of repair, not without interest in this discussion, is mentioned as a phase of certain curative processes. It is that unexplained but often seen effect of drugs and other aids to the restoration of health produced by agencies such as change of air, psychic influences, hydrotherapy, etc. There is no other English word for it than "alterative," an almost obsolete term for the effect of certain drugs, while the untranslatable German word "Umstimmung," as applied in therapeutics, denotes a change from an unfavorable to a favorable condition, but usually without appreciable change in the physical or other objective signs. Bier seizes upon the same conception and

term to state the curative effect of his passive congestion-treatment. It is one of those expressions which, while it explains nothing, yet conveys a distinct idea to those accustomed to observe. So long as we do not mistake the term "alterative" for an explanation, or limit its meaning to the effect of a few drugs, it is an excellent term to express an empirical fact, and it is precisely on the question between explained facts and empirical ones that so much of this discussion hinges. It is not without importance to dwell upon this matter of "Umstimmung," or the unexplained change from an unfavorable to a favorable state, since for the modern medical mind, especially with regard to therapeutics, facts not capable of a ready explanation of some sort, possess but little interest. They are too apt to be disregarded and thrust aside, with the effect of inducing an unreasoning scepticism supposed to be an attribute of superior wisdom, while in reality it is barren and no more a part of wisdom than the most gullible credulity.

The propositions here laid down, to the exclusion of others having little or no bearing on the question of a common ground, are if rightly considered, of a more practical nature than may appear from the fact that they deal neither with the cases of disease nor special remedies. They deal with the manner of reaching conclusions concerning the processes of recovery, cure and the mode of action of drugs, and lead, therefore, to the more concrete questions still at issue of finding remedies for certain classes of pathological conditions and processes, and the principles and rules governing their application.

If these propositions are acceptable to any number of Professor Goldscheider's colleagues — and it is clear that they are, if we may judge from the reception everywhere accorded to the views so recently expounded here by Professor Wright of London, views so nearly coinciding in principle with those of the Berlin professor — we may infer that the obstacles to the understanding we seek are by no means insurmountable. This may, I hope, be made to appear more clearly by comparing the principles above cited with those originally laid down by Hahnemann as the foundation of his system, and this without doing violence to their meaning.

Thus, if we admit in the outset, that the problems of the processes of life remain largely unsolved, we have in other words Hahnemann's declaration that the forces within the organism constituting life are inscrutable, a premise that must lie at the foundation of all therapeutic reasoning.

If we agree, then, as we must, that the only available source of practical knowledge concerning the processes and phenomena above referred to, as they manifest themselves in disease and cure, is by the observation of their outward manifestations rather than by theoretical deductions, we are in agreement with Hahnemann when he insists that disease, in so far as it is an object of treatment, is known to us only by its outward and observable signs and never by speculative conceptions. As Professor Goldscheider asks, by what process of reasoning could we discover the means to dissolve the dense, fibrinous infiltration of a pneumonic lung, a task accomplished by the organism with ease and speedily; so Hahnemann declares

that not by the most finespun theories or elaborate speculations concerning the nature of disease or of life have remedies been discovered for the simplest ailments. The thought is the same in both.

It was this conception of disease as the outward expression by observable structural and functional changes, rather than as an entity construed out of imperfect observations and shrewd deductions, that constituted the strength of Hahnemann's position, despite the vulnerable spots to be found in his further reasoning. And it is this same conception, shared by Bichat, Tessier, Arnold of Heidelberg, Arndt of Greifswald, and many others of the foremost men of the beginning of the last century, on which all that is abiding in homœopathy, as well as in the science of pathology, has been built up. This overthrown, all would again be vague speculations and system-mongering with the same stagnation everywhere apparent before Hahnemann's day.

On the two following propositions the general agreement is apparently not so perfect, but the disagreement is far from serious and may be easily reconciled. Hahnemann agrees in the main that the correct course for the search of the artificial cure of disease is the study of the natural cure or the processes active in spontaneous recovery. In fact, no one has more strenuously urged the following of nature's methods and non-interference with them. But he argues that Hippocrates, whom clearly Professor Goldscheider is following, goes too far in advocating the imitation of nature. And here we are in accord with him, since it is absolutely not within our power to produce such favorable crises by purging, sweating and bleeding as Hippocrates and other imitators of nature practiced and in which Professor Goldscheider and his colleagues apparently still entertain a lingering faith. Hahnemann denied the existence of a *vis medicatrix naturæ* as a benign, intelligent inward agency, basing his views on the too evident ravages of diseases uncontrollable or uncontrolled by art, as in cancer, syphilis, gonorrhoea, phthisis, transmitted taints, countless intractable chronic affections and destructive epidemics.

The sixth proposition we are considering reads almost as though it had been taken directly from Hahnemann. The modern phraseology makes use of more definite expressions, but the ideas are the same. Few will deny that we have it in our power to force curative reactions on the organism of which this is not in itself capable. Nor shall we differ widely on the manner of producing these reactions, when we reflect that they are identical with the defensive processes active in spontaneous recovery and may be aroused by agents at our command. We may differ temporarily on the precise mode of producing these reactions by art, and on the nature of our agents, but here Professor Goldscheider at once comes to our aid by stating that these curative agents include drugs as well as anti-toxins and like products.

Here there is so little room for differences of opinion that although Hahnemann says nothing of anti-toxins, auto-intoxication, or anti-bodies, one is disposed to ask where the causes of our wide differences lie? And still more shall we query when we see it stated positively

that the curative agents, drugs included, in order to act according to the laws of the organism, must bear a specific relation to the disordered structures and functions they are to aid in restoring, in fact that the therapeutic method most in conformity with Nature is seen in the use of specific remedies.*

These, to be sure, are so far matters of theory. No one has ever seen an antibody or been able to trace the course by which it has been produced or by which it counteracts a toxine. But the theory is so well supported by such knowledge as we have, and so full of interest by its close relation to Hahnemann's own, that it may well be accepted as leading to the common ground.

In pursuing it we shall come upon no objection from the homœopathic side to the further statement, in fact, the inevitable conclusion that the reactions producing the antibodies take place in the cells, in other words, that these substances are the result of molecular processes

These teachings based upon prolonged observation, experiment and inductive reasoning open up vistas to modes of thought entirely new to the older conceptions of therapeutics, more particularly to the conceptions of drug action ; and it is no vain boast to say that for the new views homœopathy has paved the way. Certain it is that to the acceptance of these views the homœopathic mind has proved more open than the minds of those grown rigid under the old, gross pathological conceptions and the harsher methods of *contraria contrariis* with their crude, unstudied drugs and polypharmacy.

At the next clause we begin to part company. When it is said that the constant search for specific remedies, so much belittled in certain quarters, arises from a "correct tendency," we are encouraged to think that Hahnemann is coming to his own. But *he* formulated the idea of a correct tendency in stronger terms. With him it was a correct *principle*, founded not on speculative reasoning, but on reasoning from clinical experience, observation and experiment. It is here that the breach widens ; but on their ground Hahnemann's followers are able to stand firmly. The scientific correctness of their position, however imperfectly they may have developed the principle, lies in the fact that it has been reached by the scientific method, that of observation of clinical facts and the experiments of drug proving. The scientific correctness of their practice lies in the application of the knowledge gained from these sources rather than from pathological or other theoretical deductions.

When we call this principle *a law* our brethren withdraw from us wholly, though we claim still to stand on the common ground. They deny the existence of *any law* governing drug action, while to us every proposition hitherto discussed points directly to the law of relation between drug and disease. Whether this is a universal law of action and reaction, or no more than an empirical law applicable only to the circumscribed conditions of drug action, is a question on which it is proper to express no opinion in the present state of our

*In using the term specific it is to be noted that from the homœopathic point of view specific remedies are not directed against diseases as nosotogical conceptions, but against pathological conditions occuring in the course of diseases which we name for convenience of expression.

knowledge. For us it is quite enough to recognize in the groupings of certain phenomena, and their frequent recurrence under given conditions, that discernable but unexplained sequence of cause and effect, known as an empirical law, until it shall have been shown to possess a wider hearing. Its present standing among the laws of nature does not concern us as practical men so long as we find in it a serviceable rule of action. The points on which we find ourselves drifting apart, therefore, are now no longer so much those of pure theory, as the practical means of discovering the effects of drugs, the methods of their application (in other words, the indications for their use) and the limitations of the various methods common to the whole profession.

We hold on grounds of reason and experience that no valid argument can be brought forward for confining the search for curative agents to the laboratory. However effective the agents there found may prove to be — and as yet they are few in number and no more fully known than many drugs — we hold that by the *proving* of drugs on the healthy human organism alone can thei effects be made known. If those who acknowledge Professor Goldscheider, and others of the advanced school, as authorities in the field of therapeutic research, could take that step forward to which they have actually advanced by recognizing the curative effects of drugs, such as quinine, digitalis, and other substances, organic and inorganic, above mentioned, and divest their minds both of their crudely empirical habits of thought and their laboratory and other hypotheses, they would perceive at once that it is not alone by the production of defensive substances, in fact not primarily by their production, that the organism effects its restitution to the normal, that this is effected by the untraceable reactions preceding this production or independently of it, reactions which as yet must be called *dynamic* since we have neither more definite knowledge concerning them nor a better expression for their nature.

It is the cultivation of this wide field of dynamic or unexplained action of drugs — unexplained in the sense that we cannot trace it until it produces material or visible functional changes — that homœopaths have chosen for their special task, a task for which they sorely need every conceivable instrumentality known to medical research — hospitals, dispensaries, laboratories, societies, journals, time and money. Without these they cannot live. It is a wide and most difficult field, full of unsolved problems and isolated facts hard to observe, to group and to analyse. Its great extent, and therefore the very general application of the homœopathic principles or method, is seen in the fact that the pathological conditions and restitutive processes with which it deals are inseparably bound up with every disturbance of the normal physiological state, whether surgical, mechanical, physical, chemical, neuropathic or psychopathic, in all of which there are possibilities for its practical application. Into this wide field, not of the unknowable, but the largely unknown, Hahnemann introduced a legitimate method of inquiry, a method corresponding strictly with that known to-day as the empirical method. Upon this his followers have continued to build under every conceiv-

able disadvantage with the view of displacing the old, crude, unmethodical empiricism handed down from the earliest times. By the collection of observations found scattered in unsifted and lawless experience old and new, by grouping and classifying these observations, and reproducing them under conditions as nearly as possible under control, order has been created out of chaos, an order expressed by a law, dimly perceived perhaps, but sufficiently clear to serve as a practical rule of action. Here we stand and here we must remain until some better knowledge, not now in sight, shall lead us further.

There are questions of detail which must be left for some future occasion. Among them is the question of the dose, that is, the effect of drugs in attenuation. This must be recognized as of secondary importance and yet essential to our position, since it follows consistently from the principles already discussed. On this point the wider, and, so far, the most irreconcilable differences exist, and endless figures and ingenuity of argument have been expended in the effort to prove its folly and impossibility. But here, too, we have the unquestionable results of modern research into the effects of imponderables to show that our observations and reasoning have in their favor a high degree of probability. Again, it is clincal observation and experiment by which this issue must be determined. Arguments deduced from shrewd calculations and *a priori* reasoning and couched in terms of contempt or ridicule can have no weight in the discussion.

If, then, we claim to stand on the ground of the scient fic method, the same ground chosen by our colleagues who pursue the study of therapeutic questions with the same general aims — and as we have seen, many of the special ones — we have in view ; if we occupy with them the whole field of therapeutics lying outside that narrower section covered by pharmaco-therapy ; if within that section they acknowledge with us the possibility and even great probability of the directly curative effects of drugs, and see, as we do, that these must act by producing defensive reactions in the organism identical with or closely related to the defensive reactions aroused or heightened by the invasion of disease ; if they acknowledge that such action must be of a specific nature and therefore governed by a discoverable law; if in addition we have the support of indubitable facts showing the possibility of the positive action of substances in extreme attenuation — why should we not dwell together in unity ? And, furthermore, if in refusing to adopt *all* the theory and practice of our colleagues during the last century we have been justified by the fact that they themselves have abandoned so much of what we could not accept; and if they have, in all these years, made war upon our speculative assumptions, which we, ourselves, have held debatable and could well afford to abandon without sacrificing our drug-provings, our rule of practice under our law and our clinical experience — why are we divided ?

The answer is two-fold. The first reason is a purely artificial one, raised arbitrarily out of an unwarrantable conception of what is called "medical ethics." The other lies in what must be held as a grievous reproach to the whole profession, that is, the persistent re-

fusal to submit all therapeutic questions dividing this great body and confusing the public mind, to a rigorous clinical test. Why wrangle — there is no other word — over questions of theory and practice for decade upon decade, when in five years with well considered rules of observation and record in properly appointed hospitals, under equitably constituted boards of control, the great majority, nay, *all* minor questions and many major ones, could be easily and amicably settled ? It is at the bedside that earnest men must seek the common ground. Every consideration of science and humanity demands that they meet there in good will and with every determination to find the truth

Discussion

Dr. George E. May : This has been a very pleasant hour to me, as it has to you, undoubtedly. I was thinking that our disagreements are most likely to come from misunderstandings, and misunderstandings are more likely to occur among strangers. We have been strangers in the past, and I believe that is where our misunderstandings have come in more largely. When we begin to get acquainted with our fellow physicians, no matter of what school, then we begin to understand them, they begin to understand us, and our differences begin to narrow down very materially.

It has been my fortune to be connected with the Newton Hospital for fifteen years, where both schools meet on an equal footing, and the only disagreements I have known of have been among the homœopaths themselves. We never have had any unpleasant differences among the gentlemen of the other school. I do not know whether any of them are willing to admit that they have learned anything from our methods, but I am perfectly willing to admit that I have learned from them.

I believe that gatherings like this are just the things to bring down the lines of disagreement, and I hope we shall see more and more of them as time goes on.

Dr. Rockwell : It has been my good fortune to be associated a good deal with Dr. Cabot this summer, and as a result of our conferences, especially in relation to a better understanding of just what each school of medicine stood for, I was a guest at a club of young physicians known as the Boylston Club, at which meeting there was a paper on homœopathy given by one of the seniors at the Harvard Medical School, and I was asked to discuss the paper. I considered the student a most worthy advocate of homœopathy, his paper giving the history, principles of homœopathy, and the present interpretation of its application so far as he understood it. In talking over the matter subsequently, it seems that there was enough interest aroused at this meeting to undertake some form of investigation — drug testing—and that it might be accomplished, perhaps in the beginning in some simple way, and later enough interest might be aroused by the older members of the dominant school to take it up seriously in the new laboratories of the Harvard Medical School. I would suggest that a committee might be appointed by the Chair, which com-

mittee might develop ways and means by which we could co-operate with these young men and give them the information by which they could test the drugs.

Dr. Frank C. Richardson : I think that this matter has been so well and so ably presented that it would be a waste of time for me to add anything. I do believe that this good work will go on, and I believe there is no reason why these barriers or fancied barriers should hold up. It seems to me that the right spirit is being evinced at the present time on both sides. The gathering this evening is sufficient evidence of the interest felt by homœopathists in this matter. Homœopathists, I think, simply wish for the recognition of scientific men of which they are deserving, and the antagonism, the bitterness, which I fancy is not real any more, at all events not widespread, I believe will be wiped out.

I had the good fortune to be present at the dedicatory exercises of the new Harvard Medical School buildings, and I admit to you here that the broad spirit manifested there, the liberality, the magnificence of the whole atmosphere toward the great broad science of medicine impressed me as I have never before been impressed, and it seemed to me that this matter of drug therapeutics was, after all, not so significant a part of the science of medicine, that it should stand in the way of the progress for which we are all seeking.

Dr. Frank E. Allard : It is my good fortune to number among my friends many physicians of the "old school." We differ only upon the question of the dynamic action of drugs, and here we must continue to differ until they recognize the Law of Similars. It is true that opposition between the two schools is growing less and less, especially among the younger members. Personally, I seldom meet with it. Once during the past year, while on the witness stand testifying in a tort case, the lawyer for the plaintiff came at me rather suddenly and sarcastically with the interrogation, "You're a Homœopath, I believe ?" It was so unexpected that I hesitated a moment and then asked him to define a "Homœopath," so that the jury might understand my answer. The lawyer admitted that he did not know, and the judge allowed me to define it.

We should never give up the study of drugs and plants and their application in the healing of the sick ; there are many physicians who are interested in drug-action and drug-testing, and their work should be encouraged. Dr. Rockwell's suggestion is a good one, and we should all coöperate with any practical plan that may be adopted.

The only effective way, it seems to me, to do away with the misunderstanding and dissensions between the schools is to incorporate a chair of Homœopathy and drug-testing in the curriculum of every medical school in the country, teaching it as well as it can be taught by men who are thoroughly versed in the subject, thus giving every medical student an opportunity of knowing what Homœopathy is and allow him to decide for himself.

I wish to personally thank Dr. Cabot for his scholarly paper and the honest and sincere sentiment which he expresses ; occasions like this go far to bridge the present little difference between us.

Dr. Cabot, (closing the discussion) : I would like to second as strongly as I can what has been said in regard to the importance of keeping on in the study of drug action. I know that in my own school we have gotten out of the way of putting much research and time into therapeutics and have devoted ourselves, I think disproportionately, to research in etiology and pathology. I think the wave has now started in the other direction. I believe there is a true renaissance in therapeutics which will lead us to a more thorough study of drug action as well as of every other part of therapeutics.

One other thing I want to say, which may go to undo any good effect which has been produced here to-night. I am anxious to get together not merely with the homœopaths, but with every other group of persons who think they can cure disease, with the osteopaths, the mental healers, anybody else who thinks he can help the sick. I want to find out so far as I can what is true in his beliefs.(Applause.) That applause is very welcome to me, showing me I was wrong in thinking you would oppose any such action. I believe it is important that we look for truth whenever it is to be found, and learn whatever can be learned without prejudice, without fear that any truth we have already may be upset by learning more truths from any other man.

The last word I should like to leave with you is a thought which I think might have been much further discussed if Dr. Wesselhoeft and I had had time to talk this matter over, namely, the similarity between our law of therapeutics, the law of immunity, and the law of similars as Hahnemann formulated it. I am not concerned in saying who deserves the credit or who came first. I am perfectly willing to admit that it was Hahnemann, but I am interested in a certain measure of similarity between your law of therapeutics and the new law of therapeutics, which is emerging in our school. I am not saying that they are identical, or that our law is right and yours wrong. I do not believe that either is right in all respects. I do think that they represent the greatest hope we have to-day and in the future of really pooling our knowledge for the good of all.

DRUG "TESTING" OR DRUG "PROVNG."

BY HOWARD P. BELLOWS, M.D., BOSTON, MASS.

In the recent experimental work of our school with belladonna the drug employed was *tested* before it was *proved.* It was *tested* in the laboratory of the Massachusetts College of Pharmacy that we might be assured of its purity and ascertain its exact alkaloidal strength. It was then *proved* by administering it day after day, under proper precautions, to fifty-three people, or "provers," who were selected, because of their physical healthfulness and mental fitness, for the work of developing the pathogenic action of the drug upon the healthy human organism. In the course of this procedure we threw about our work so many precautions and scientific restric-

tions to eliminate error, and employed so many modern methods of observation and instruments of precision to secure accuracy of detail, that we made of our proving a *test-proving*, by which we might gauge the accuracy of all provings of this particular drug in the past and the value of our new and more thorough and scientific method in the proving of all drugs in the future.

The results of this procedure show it to be a demonstration rather than a mere test of the drug's action. Whatever may be said about the previous work of our school in this direction, in this recent experimental study of belladonna *we have proved something*, even in the strictest sense of the term. In a court of law the testimony of three witnesses to a certain action or event is held to be proof unless their testimony is shown to be incompetent or is overborne by a greater weight of testimony to the contrary. In our recent proving referred to the occurrence of certain absolutely identical symptoms, while the drug was being administered in definitely recorded doses, was testified to in 211 instances by 3 or more, in 82 instances by 5 or more, and in 28 instances by 10 or more different provers. True, many of these may be symptoms which are developed in common by all people who are sick from any cause, whether natural or induced, but such general symptoms we value little in our critical estimate of the drug's pathogenic action. Quite another class of symptoms may be culled, with a little experience, from those developed, and these may be regarded as truly characteristic of the drug's action. These, also, are so well attested, that they may justly be regarded as definitely proven. For instance, frontal headache experienced by 31 different provers upon 132 different days ; dryness of the throat occurring in 50 provers upon 245 days ; dilatation of the pupil recorded by 25 provers upon 53 days, and 89 times in the examination of the provers by specialists, or, of less obvious nature, characteristic congestive changes of the fundus in the eyes of 19 different provers upon 42 different examinations, when these presented a normal appearance both before and after the exhibition of the drug. The element of proof, strictly so called, is not wholly lacking, therefore, in our modern method of investigating drug action.

In the light of the foregoing the words *testing* and *proving* are seen to have different values and to present distinctly different meanings. They are by no means synonymous terms. Should we attempt to substitute the word "testing" for proving," as was suggested by Dr. Richard C. Cabot in his recent paper presented to the Boston Homœopathic Medical Society, we should be departing from the sense in which the word "proving" has always been employed in our school of practice. If the substitution of the word "testing" would conduce to a better understanding between the schools, or could promote a feeling of better fellowship among us. as Dr. Cabot thought would be the case, I am very sure that we, as a school, would readily and heartily accede to the suggestion, which was made in such an earnest and kindly spirit, -- provided we could do so without placing ourselves in a *false position*. To alter or sacrifice a definite meaning, however, for the sake of a mere change of terms would be an act of unfairness towards both schools, in each of which the correct under-

standing of the other's position should be the predominant feeling and end in view. The German word *prufung,* which was the original term used in our school, and which was approved by Dr. Cabot, is certainly not translated by our word "test." The Germans, also, have the word *der Test,* which is no more synonymous with *die prufung* than is the latter word with *die Probe.*

The old English word "to prove," as seen in the Scripture passages "prove all things," which was also commended by Dr. Cabot, but considered by him to be obsolete, has well been resuscitated to serve our purposes since that, after all, renders the meaning of the German word, *prufung,* as used in medicine, far better than any other English word at our command. Neither is this older meaning so entirely lost in modern usage. Among the prominent definitions of the verb "to prove" in the Standard Dictionary occurs the following : "to subject to experiment ; find out the capacity or power of ; as, to *prove* a gun." The word in the older sense is still used not only in the language of military science but in mining, in engineering, and in hydraulics, — why not in medicine ? A slight mental effort on the part of our colleagues of the older school will enable them to grasp and apply this older sense of the word so that the mention of a "drug-proving" may no longer be an offense to them or a cause of misunderstanding in their estimate of our therapeutic position The substitution of a word which does *not* define our position would give rise to a misunderstanding still more difficult to overcome.

OUR PROBLEMS AND OUR OPPORTUNITIES, AS A SCHOOL.

BY G. FORREST MARTIN, M.D.

You will at once recognize, as I did the moment I commenced to reason upon this subject, that it is a matter of considerable size. To fully discuss it in the time allotted to me, would be out of the question.

But because I believe that the time has arrived when we must, as homœopaths, seriously consider our present and future status ; and because, too, I have a few firm convictions upon the questions involved, I will venture to discuss the subject at this time.

In all parts of the country, we hear rumors of plans for amalgamation of the schools. As yet, we can hardly call them anything but rumors, except in a few scattered instances. But that the matter is receiving serious consideration by many physicians, I think is beyond question.

I will concede, without any argument, that the ideal arrangement would be *one great school* of physicians, great enough, and broad enough to include all practitioners *who had received proper medical training,* and whose aim was the conquering of disease and the alleviation of human suffering.

But when that millennial time arrives, there must be one funda-

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mental principle to which all would agree, "*the utmost freedom to practice according to the dictates of the individual conscience!*"

In the various overtures which from time to time are made to us, as individuals or as associations, by the dominant school, the above point is always the stumbling block.

That stumbling block was placed in our path a century ago, by our opponents, and because of this, *their act*, and not from any choice of our own, *we became a separate school.* As the legitimate heirs of those who were thus forced to make this move, can we, as honest men and women, go back into the greater body until we can do so with heads erect, faces free from shame, and the acknowledged equals, in all respects, of those whose companionship we are to enjoy? *I think not!*

To speak a little further to this point, let me refer to a change recently made in the By-Laws of a Medical Association not far from here. I need not quote the language in full, to illustrate my point, but simply speak of that portion which now proposes to admit certain classes of physicians, heretofore barred, "*provided they agree not to practice an exclusive system,*" etc.

There it is! The same old bug-a-boo! Does not the mere *insertion* of such a clause proclaim to all concerned, that the class referred to (in this case meaning us) *has been dogmatic, partisan,* and in the wrong? And they must acknowledge this, and *do* acknowledge it, by agreeing to this clause. Are we ready to make this admission? Is it not surrendering all for which our school has fought for so many years? To be sure it is a rose this time, and not a club, which is held out to us. But the rose has too many thorns concealed! We are not ready to receive it!

And right here let us turn to the next question,—"*Are there any good reasons why we should surrender our birthright, and our name, at the present time?*"

Well! Some say that the other school is greater, infinitely greater, in numbers, in institutions, in facilities of every sort, and it cannot be that the ten are all wrong, and the one all right! Let us consider that point! Can any of my hearers mention a single instance, in medicine or in general science where reforms, really worthy of the name, have emanated from the majority? Are they are invariably accepted grudgingly and slowly before any considerable number of workers are willing to forsake the older paths and follow the *new*? That the allurements of numbers, and of great institutions have strong attractions for us all none can deny. That they are robbing us of some of our younger men and keeping others from joining our ranks who should be therein is likewise true

But that these facts furnish any *argument* which should cause any thinking man or woman to *change faith,* I would not concede for one moment. Such a change without the backing of true convictions is an evidence of weakness, or of purely mercenary motives. In such a case, our *loss* is little! Their gain is less!

As well might we all flock in a body to that beautiful $2,000,000 domed temple, recently erected face to face with those other magni-

ficent buildings, so recently dedicated to medicine, and in which all physicians should take a just pride.

Someone has said, "The *heresy of one age* becomes the *reform of* the next, and the *established order* of the *third.*"

How true that is of the principles which we advocate ! That Hahnemann and his brave followers were considered and treated as *heretics,* we all know.

No theological trial for *heresy* in modern times was ever more *bigoted* in its conduct and its conclusions, than was the treatment administered by enlightened (God spare the mark !) physicians in our own state, to Talbot and Chase and their earnest companions, who stood up for principle and freedom of conscience, in more recent times. But to-day, conditions are changed somewhat. If my experience coincides with yours, we often find our strongest friendships, our closest professional associations and conferences, on grounds of mutual respect and mutual good intentions, among our brothers of the older school. We find little difficulty in living side by side, and working side by side with them, each according to his light, *as it should be, for the good of the community.*

This I say of the individual. But it would seem that the *individual* has not yet succeeded in stamping his individuality upon the work of the society, for *there,* the same mutual goodwill and tolerance has not yet taken root.

That that time will come, I fully believe! And when it does, I think that we should all enter the one great school of medicine, *not* as prodigal sons acknowledging our error and meekly begging for forgiveness and a crust, but as mutual scientific workers and seekers after the truth. We must each be willing to concede that we have much yet to learn, and that no school, no class, no association of men has *all* of the right.

> "There is so much bad in the best of us,
> And so much good in the worst of us,
> That it hardly behooves any of us,
> To talk about the rest of us."

And it would be healthful, perhaps, to pause right here, and consider a few of the *weak* spots in our own armor, and a few of the changes which we should make in our own structure, before we can conscientiously expect those who are already comfortably housed, to share it with us.

First, let us cease the too common practice of making extravagant claims for our *practice* and devote the same amount of energy to demanding *justice* for our *principles.*

I believe that it can be proven beyond question that the *basic principles* on which our school is founded, are accepted as true, and are, knowingly or unknowingly, daily used in the *practice* of the best physicians of all schools.

Our problem and our great opportunity to-day, is to put the accumulated evidence of these truths, into such shape that it will appeal to, and be accepted by, the whole profession.

We find in every new work upon materia medica, some *new dis-*

coveries of the "*dual action*" or of a "primary and a *secondary*" action. Of this or that drug, which might as well have been copied intact from Dunham or Hering.

All along the line these appropriations are constantly made, but no proper acknowledgment allowed of their primary source. Many cases could be cited from my own reading, but time will not permit.

Another error, which is very common among even professional critics, is to date everything pertaining to homœopathy to Hahnemann.

We should know and insist that *homœopathy* is as *old as the truth* itself, and that even Hippocrates twenty-five hundred years ago, came very near to it in his teachings.

He taught that diseases were not *entities*, to be removed from the body in mass, by bleeding and the purge. They were altered or perverted functions, or changes in structure of the tissues or fluids of the body. His practice was benign and aimed to *assist* nature.

Paracelsus, Stahl, Haller and many others insisted upon the truth of the law of "Similia."

But to Hahnemann remained the credit, by indefatigable study of past medical records, and persistent and patient provings of the actions of well-known drugs upon the healthy being, of putting into *practical* shape the scattered grains of truth which so many had previously observed, but none had gathered.

The truths which he enunciated, belong *not to us*, but to the *whole realm* of medicine. Our duty is to see that they be given proper credit along side of other scientific discoveries.

Professor Jorg, a strong antagonist of homœopathy, says "Medicines operate most powerfully on the sick, when their symptoms correspond to the disease.

When there is inflammation of the intestines, a very minute dose of mercury will produce pain and other symptoms. It is in the very nature of things that a medicine must have a *much greater effect* when administered to a person already suffering under an affection *similar* to that which the medicine is capable of producing." This one quotation is made, to refer to our reasons for the small dose

And then comes Professor Crookes, in his experiments with the molecules, and demonstrates that energy is set free by their subdivision. Here is our trituration theory again. Then take Ehrlich's theories regarding cellular development of antitoxins, which also come very close to our way of reasoning. And so we might go on, substantiating every claim put forth by our school regarding the *principles* of *our* practice, not from our own authorities alone, but from the works and writings of the greatest physicians and scientists of the present age, in all schools of thought.

It is for us to use this material and by careful comparisons, strengthen our position.

Why should we allow the teachings of Hahnemann to be judged by twentieth century ideals ? Consider the wonderful insight which he had into the workings of the human vital force, as compared with the crude notions of the rank and file in his day ! Then think what would have been his usefulness, could he have had the working tools

of his present day traducers. In this way only can the wonderful prescience of the man be conceived.

Another urgent duty of the hour, is to put our Materia Medica in to such condition that it will bear the closest scrutiny according to scientific methods of examination. Then and not until then, can we take it into the great medical fold, as our permanent contribution to science. Work of this kind is already under way. More is needed. And in this line we must be very careful that we *do not accept* or *adopt*, as *a school*, much that is introduced by individuals, claiming membership therein. We suffer much idle and unjust criticism for ideas and theories which most of us would be quick to repudiate.

We should each and all of us have a voice in our associations and institutions. Our best men and best thinkers should be pushed to the front in them and then let *them* speak for us.

Public opinion, in this country at least, in the end, decides all questions. It is our own fault if our claims are not properly laid before that public.

We have absolutely nothing to fear, as a school, from *without*. Our trouble will be an inward disease. With that we must soon grapple, and that energetically, if we are to obtain our just merits.

We have too many men of little faith, and too many who have little knowledge of homœopathy in our ranks.

We need no "*foreign missions.*" Our first work lies *at home*. Let us drop dissensions among ourselves on the questions of potency and the like, and devote our energies towards increasing the number of our physicians who know how to select the proper remedy in *any potency*.

Let us talk *homœopathy* up, and renew our *own faith*. Men are respected by their fellows for honest differences of opinion to-day.

Let me diverge one moment to make a suggestion which I trust will be taken into serious consideration, by the *teachers* who are in the audience.

It is in regard to the teaching of our Materia Medica in the schools. Fifty years ago, our practitioners were obliged to become Materia Medica specialists, from force of circumstances.

The natural corollary, was a neglect to put enough time upon the collateral branches. From this we suffered.

Then Helmuth, and Thomas and Talbot and hosts of others began the work of convincing the world that good homœopaths could also be good surgeons. All the other specialists have followed one by one, until to-day, we have a corps of specialists in all lines, equal to the best. But I frankly believe it is from these very men that we are in the greatest danger to-day, and it is to them also that we can look for the greatest help.

My point is this ! The specialists have developed their work to so fine a point that their methods of examination, of tests and counter tests, and of treatment, are clever and interesting in the extreme. These, and the various adjuvant treatments, are taught to our students in an able and complete manner. But when it comes to the application of the homœopathically indicated remedy, little or nothing is said, or at best, a list of drugs by name, suitable for study

is given. The rest is left for the chair of Materia Medica. The favorite expression, "*of course the indicated remedy should be given,*" has become so common in our discussions and our papers, that when we hear it now, we look in one another's faces and laugh.

Now, I maintain that it an utter impossibility for any materia medica teacher to adequately cover the ground. At the best he can do little more than cover the polychrests and group the better known of the remaining remedies, in the time allowed to him. Furthermore, he is not the one to properly do this.

I think that the occupant of every special chair should, in connection with his other teachings, constitute himself a specialist upon the symptomatology applicable to the various conditions about which he lectures, and should endeavor to instill into his pupils, a confidence in their value. They will then go forth equipped to make good use of the tools which you have placed in their hands, which to-day are strange to them.

I well remember the lectures of the late Dr. Martin Deschere, and how carefully he went over the symptoms which called for the use of this or that drug in the different diseases. This part of every lecture is as good to-day as when we heard it given.

In this same line, I wish to bear testimony to the aid which I have frequently received from one of the members of this society, a specialist in this city. When I have sent patients to him for treatment or examination, there have come back from him, over and over again, without any solicitation on my part, valuable hints upon remedies which would be found of use in such a case. Not only have these suggestions proved valuable, but their adoption and verification have served to increase my own confidence in the power of our remedies. I *commend the practice to others.*

In the same line of development, I find that the visiting staff of our hospitals sadly neglect their opportunities to aid the young men and women who serve them as internes. You, perhaps, do not realize how closely they watch your practice when they are fresh from the schools, and how many times your failure to live up to your teachings serves to dishearten and mislead them.

A confession made to me recently, by a young man who has but just completed a term as house doctor in one of our homœopathic hospitals, leads me to refer to this subject here.

At our Materia Medica meeting last night, the attendance was good, and the papers exceptionally helpful and optimistic. At the recent meeting of the International Congress at Atlantic City, the air was full of the same spirit.

Let's wake up here in Massachusetts! We have nothing to be ashamed of in the *principles we advocate* ! We shall have no occasion to be ashamed of our *results* if we *practice what we preach.* Let us encourage capable young men and women to enter our colleges and then let us encourage and help them to become established "as homœopaths," after they graduate.

Our institutions and our communities are full of splendid openings for the right kind of homœopaths. Then let us know each other better, by closer attention to our meetings together. And when our

patients move from town to town, let us not allow them to drift, but give them reasons why the best homœopathic physician in their new home, is the one for them to call. The idea is becoming too *common,* among the laity that there is no difference in the practice of the two schools.

A number of years ago, in the state of New York, a bitter fight was waged before the legislature at Albany, having for its object the taking away of certain rights then held by the homœopathic school. *The charge was sectarianism* !

The late Dean of the New York College was there and opposed the change. I remember the thrill with which I read the words of his reply. This section I distinctly recall: "I am charged with being a sectarian. The charge is true! In religion, I am sectarian; I am an Episcopalian. But am I any the less a Christian ? In politics, I am a Republician, but, thank God, I am an American citizen ! In medicine I am a Homœopath ! But am I any the less a physician."

Fellow workers, that kind of sectarianism is broad enough for me, and it is broad enough for all of us.

Let us nail our flag to that mast and keep it flying bravely, until we can take it down ourselves, *not* to surrender it, but to weave it proudly into the common fabric and make therein, the brightest *stars* on its face.

IMPRESSIONS OF MEDICINE IN THE LONDON HOSPITALS.

BY J. HERBERT MOORE, M.D. BROOKLINE, MASS.

Editor Gazette : — In the few and scattered moments afforded by taking up the work after nearly four months' absence, I will try to comply with your request that I should give the readers of the Gazette a few impressions of medicine as it exists and is taught in the hospitals of London.

In the first place I found in these institutions no new remedies recommended for mal de mer, but did come across one in the nautical world ; and that is, if any one desires to be as free from this troublesome "endemic" affection as is possible after faithfully taking cocculus or petroleum, let him take the "Saxonia" of the Cunard Line in the crossing itself, inasmuch as she is the steadiest Trans-Atlantic steamship afloat.

As my object in devoting the summer to special medical study was to perfect myself in the diagnosis of diseases of adult, as well as of child, life, my time was about equally divided between the North London or University College Hospital, the Brompton Hospital for Consumption and Diseases of the Chest, and the Hospital for Sick Children on Great Ormond Street, the last institution fronting on the same street and adjacent to our London Homœopathic Hospital. Consequently, it is of these hospitals and their work that I shall more particularly write.

The Hospital for Sick Children, or, as it is more familiarly called, the Great Ormond Street Hospital, is unique in being not only the largest children's hospital in the world, with its 222 beds in which 2,873 children were treated during the past year, and its out-patient attendance of over 109,000 during 1905, but was the first hospital in the United Kingdom to be specially devoted to sick children, having been opened as far back as 1852 with 20 beds. It is the out-patient department of this hospital which presents as *animated* an appearance on a forenoon as any other institution in London on account of the multitude and variety of its children, very few of whom the writer can testify were afflicted with the malady called dumbness, as evidenced by the strength and caliber of their vocal organs. However, as the crying need of the day is clinical instruction, these little patients are forgiven their noise and din for the abundant and diverse clinical material which they afford by their presence.

Two medical and two surgical clinics, as well as those of the special departments, are carried on every forenoon, and it is no uncommon thing on a busy morning for from 100 to 150 sick children to pass through one of the medical clinics, with from two to four physicians at work at one table. While we do not find under these circumstances an exemplification of the homœopathic tenet of individualizing each case for treatment, yet it is noticeable with what dexterity and skill the salient points are gathered from these little patients and their ignorant attendants which go to make up the diagnosis of the case ; the examining physician at the same time finding opportunity to clearly elucidate these points to the attending physicians and students. In the medical clinics one is impressed with the large percentage of chronic cases having their origin in rheumatism, especially the heart and chorea cases, for rheumatism seems to be a very prevalent disease among the child as well as adult population of England, while malaria and its sequellæ are comparatively unknown. Tuberculosis is a frequent visitor and shows a marked preference for the joints and glands of the children. The pitiable manifestations of specific disease, most of them congenital, are, like the poor, always present. The most conspicuous features of the orthopædic cases are the good results obtained in the various forms of talipes by massage, which the mother is instructed and commanded to carry out at home ; their light and well-fitting splints ; and an avoidance of tenotomy except where absolutely necessary. We pass over infant feeding with the word that in England it is almost an unknown art, as it is exemplified by the mere dilution of milk with plain or cereal water, of which condensed milk is the favorite product employed in the prescriptions of the out-patient department. Milk modified in accordance with the percentage method is comparatively unused. Surely for scientific infant feeding, thanks to Professor Rotch, one does not have to go far-a-field from Boston.

On the surgical side by far the most conspicuous element of this out-patient department of Great Ormond Street Hospital is the removal of tonsils and adenoids without anesthesia. This method

suggests that at least the infantile population of England has not yet escaped the historic guillotine, inasmuch as it is as unreservedly wielded over innocent and conscious victims as of old, even though it is now confined to the tonsil and present-day operations do stop short of decapitation. However, the post-operative condition of these little victims is unlike the usual long-suffering demeanor of the English people toward those above them in authority, for it was surprising how soon these little patients forgot their troubles and forgave their surgeons. But to be serious, the writer was glad to find that these operations without anesthesia are falling into disrepute on the ground that not so satisfactory and complete results are obtained as under the slower and more careful technique made possible by the anesthetic. To sum up, no better institution can be visited in which the proper handling of children and methods and results of diagnosis can be more profitably studied than The Hospital for Sick Children at Great Ormond Street, and for this good work the profession is indebted to the following list of eminent physicians in attendance upon this institution : Drs. Voelcker, Garrod, Still, Colman, Batten, Collier, Hutchinson, and Poynton, the last of whom is favorably known in the medical world for his investigations in the infective origin of rheumatic fever

Another institution affording excellent opportunities for practical clinical work is The Brompton Hospital for Consumptives and Diseases of the Chest. Here is found an abundance of clinical material of both sexes and all ages in every stage of pulmonary tuberculosis and with every variety of chest diseases. The genius of Batty Shaw pervades this institution, as it also does the sanatorium, located at Frimley, Kent, which is run in connection with the Brompton Hospital, and to which all promising tuberculous cases are sent as fast as its accommodations of over one hundred beds will allow. It was the good fortune of the writer to spend a Saturday afternoon at Frimley Sanatorium, as a guest of Dr. Batty Shaw, and to be able to look over its extensive plant and to observe the character of good work done therein. Its location on a high elevation in the heart of a characteristic English hill country, together with the hale and hearty appearance of its inmates verified by the results of the chest examinations compared with their record charts on admission, privileges afforded us by our host, justified our conclusions that Frimlay had learned the art of our own Rutland both as to location and the management of its patients. In addition to these facilities, Dr. Batty Shaw is endeavoring to have the opsonic index method and treatment with bacterial vaccines introduced into the institution.

To return to the Brompton Hospital in London, one is impressed with the thoroughness of clinical teaching in differentiating the various valvular heart lesions as well as in emphasizing a proper appreciation of physical signs in the diagnosis of the early stage of pulmonary tuberculosis. Under the inspiration of so able a clinician and among such valuable clinical material the writer spent Wednesday and Saturday afternoons of the summer, and so pleasant and

profitable was his experience that his word to a medical man observing in the London hospitals is not to pass by Brompton.

The most attractive hospital in London, from an architectural point of view, as well as the light and airy cheerfulness of the interior of its wards, is the North London or University College Hospital, facing on Gower Street. The building is constructed in an unique and practical way. Standing in a square lot bounded by four streets, and covering an area of 232 by 225 feet, it is built in the form of a diagonal cross, the center of the cross consisting of a central block in the middle of the lot and large enough to contain the main staircase, two lifts, administration offices and three operating theatres. From this central block radiate the four arms of the building, one to each corner of the lot. Each one of three of these arms on the several floors is entirely given over to a ward which is also constructed on a cruciform plan, is 85 x 25 feet, and contains 24 beds, or about 300 in all, and each ward is strictly isolated, being connected with the Central Block by a short covered bridge with windows admitting an abundance of fresh air in the passage between the wards and Central Block. The building is of Renaissance style of architecture and constructed of red brick and terra-cotta trimmings at a cost of over $1,000,000, the gift of one individual, Sir J. Blundell Maple.

The method of clinical teaching in this hospital, and not unlike that of the other hospitals, is for a section of the class to be taken to the bedside to whom a complete history and record of the patient is read by the clinical clerk, an advanced student, whose duty it is to keep a complete record of a certain number of cases and to carry out instructions of the visiting or house physician. The record is read in the presence of both of the above physicians, and the case is then gone over with the class from the point of differential diagnosis, some clinicians bringing out the points by quizzing some of the class, and often to him is left the diagnosis which must be made and defended. The special features of this method, as it is practiced in this hospital is the thoroughness with which the clinical records are kept by the clinical clerk and demanded by the visiting physician before the case is presented to the class for the day ; the care exercised in the examination of the patient ; the logical way in which the diagnosis is arrived at, and the salient points brought out in the differentiating from other diseases. With such eminent internists as Sir Thomas Barlow, Rose Bradford, Sidney Martin, Risien Russell, H. Batty Shaw, and F. J. Poynton comprising the staff, and with this clinical method in vogue, it is readily seen why the chief attraction of University College Hospital to the medical man is clinical diagnosis.

If other hospitals of London cannot vie with the above in point of construction, there are those which far surpass it in location, chief among which is the modern St. Thomas Hospital, with its seven separate but connected buildings, attractively ranged along the Thames on its Surrey or South bank, and overlooking the river directly opposite the Houses of Parliament, while in the rear is the territory of South London from which it draws its clinical material.

If time and space permitted, many interesting observations might be written about the London Hospital, the largest hospital in Eng-

land, as evidenced by its 13,500 in-patients and 209,000 out-patients of last year, Located, as it is, in the old Whitechapel district, it is the only general hospital in the great territory of East London. One feature of this hospital should be mentioned, and that is the large amount of and excellent work done in their Light Department in the treatment of lupus. The earnestness and interest manifested on the part of the authorities toward these patients is shown by the motto hanging here and there about the department and reading : "Perseverance is the Price of Cure."

By far the most significant investigations which have been carried on in London during the past year, and which have most interested the profession, are those by Professor Wright at St. Mary's Hospital in the Paddington district, along the lines of early tuberculosis, and the opsonic index reactions and the treatment of this and other diseases by bacterial vaccines, concerning which we have so recently heard at the Boston Medical Library from Professor Wright himself. These investigations are of great interest to us of the homœopathic school of medicine, inasmuch as we have it on excellent authority in both our and the older school, that the only possible modus operandi of the methods of Professor Wright is in accordance with the homœopathic principle of therapeutics.

In closing I wish to bear testimony to the excellent work being done in our London Homœopathic Hospital and by the homœopathic physicians of England in their private practice and transactions of their homœopathic societies for a scientific and practical homœopathy, and under adverse circumstances not experienced or realized in our country, due to the domination of old school medicine in a land where possession is much more than nine points of law, and where affiliation and consultations with homœopathic physicians are not allowed, even though the latter are physicians as ably qualified and in the very same medical schools as themselves, for in England no physician is allowed to practice medicine who has not received his degree in an old school medical college.

The incentive for this good work lies in the fact that, although a comparatively small body, the homœopathic physicians of England excel their American confrères in their interest of the bearings which the revelations of science along the lines contributory to medicine are having in establishing the validity of the homœopathic principle of therapeutics and the essential tenets in accordance with which this principle is applied.

I do not believe it will be out of place to acknowledge here the courtesy which is invariably extended to our American colleagues by our confrères in England, at the head of whom stands the dean of English hosts in the person of our much respected and beloved Dr. D. Dyce Brown.

Honors are easy on both sides of the sea, for it was the privilege of the writer to see a number of physicians after their return from America, some from the British Medical Society at Toronto and others from the Congress at Atlantic City, and all were unanimous in their sincere praise and appreciation of American hospitality.

EDITORIAL

Books for review, exchanges and contributions—the latter to be contributed to the GAZETTE only, and preferably to be typewritten—personal and news items should be sent to THE NEW ENGLAND MEDICAL GAZETTE, 80 East Concord Street, Boston; subscriptions and all communications relating to advertising, or other business, should be sent to the Business Manager, Dr. WILLIAM K. KNOWLES, 40 Mt Pleasant Ave., Roxbury, Mass.

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Reports of Societies and Personal Items should be sent in by the 15th of the month previous to the one in which they are to appear. Reprints will be furnished at cost and should be ordered of the Business Manager before publication.

AUSTRALIAN STATISTICS FOR 1906.

The thirty-eighth Annual Report of the Homœopathic Hospital, Melbourne, Australia, is at hand, and it is found to contain much that should be interesting to homœopathists the world over. Only two generations ago that antipodal region was truly far distant, and at the ends of the earth ; but Time has so succeeded in reducing Distance that to communicate with a friend in Melbourne and get a reply in any given twenty-four hours is an easy possibility. And matters are moving in that portion of the homœopathic world, and moving in the direction of true progress. Recently the Melbourne Homœopathic Hospital was enlarged by the addition of an up-to-date surgical annex adapted to operating and emergency work. Now under consideration are plans and specifications for a new building to be used as a "Children's Ward," but to contain waiting and consulting rooms and dispensary for the Out-patients, and also accommodations for nurses. Last year a friend of the hospital gave $12,500 toward building the Children's Ward, and this year he gave $7,500 more, with the promise of $5,000 more during the coming year, making a total of $25,000 from the one benefactor. The Endowment Fund of the Hospital has also been increased by over $7,500. In addition to these sums the Report acknowledges the receipt of smaller amounts from about five hundred subscribers. All of which shows that the friends of homœopathy in Melbourne are awake to, and active in, the interests of their Cause.

During the thirty-eight years of its existence, (the first seven being devoted to out-patient work only) the hospital has treated a total of **141,906** cases in its out-patient and in-patient departments, the records for the year ending June 30, 1906, showing that 1,084 in-patients had received treatment ; 1,014 operations had been per-

formed ; 7,313 persons had received treatment in the out-patient department, and 1,497 in the casualty department. This represents a large amount of work which speaks well for the small number of physicians and surgeons upon whose shoulders the burden rests.

The results obtained in the treatment of typhoid fever patients was particularly satisfactory and praiseworthy, since 67 cases had been cared for without a fatality. The percentage of recoveries from typhoid fever has always been exceptionally high in the Melbourne Hospital, but this past year's record is one justly to be proud of.

The GAZETTE extends its cordial greetings to its Australian friends, and offers its sincere congratulations to them on the admirable success attending their efforts. May the good work go on without interruption.

THE MIDDLETOWN (NEW YORK) STATE HOMŒOPATHIC HOSPITAL.

The steadily increasing demand for homœopathic treatment, and the steady growth of homœopathic facilities to meet that demand, are seen nowhere more clearly than in the continued increase in number and capacity of homœopathic institutions, public and private. The occasional pessimistic utterance of a tired homœopathic physician (because he must be *tired* to be pessimistic) and the melancholic prophesies of the few surviving critics of homœopathy are obscured almost to the point of obliteration by the evidences of prosperity seen in the growth of state homœopathic institutions. Witness the development and prosperity of the Middletown State Homœopathic Hospital for the Insane, which, beginning in 1869, with a capital of $75,000 raised by private subscriptions (part of which sum was used in hospital construction) secured recognition and adoption by the state, and is now a state institution comprising nearly three hundred acres on which there are thirty buildings, the value of the real and personal property being over one and one-half million dollars ($1,500,000), the capacity of the institution being 1,222, although 1,300 patients are being treated. Furthermore, according to announcements recently made, buildings planned and under construction will increase the total capacity to 1,850 patients and 450 employees. But all these evidences of material prosperity fade into insignificance when compared with the results of the professional work done in this institution, work which is a credit to the

state of New York, a demonstration of the beneficence of homœopathy, and a blessing to those to whose bitter needs it ministers.

From a circular recently received by the GAZETTE are quoted the following tables which present statistics abstracted from the annual reports of the New York State Commission in Lunacy :

Percentage of recoveries and deaths in the ten old school hospitals and the Middletown State Homœopathic Hospital for five years (1900 to 1904, inclusive.)

Percentage of recoveries on whole number admitted :

Old School		Middletown
26.20	1900	39.70
25.77	1901	43.08
21.51	1902	43.09
23.41	1903	42.08
22.71	1904	33.61
Average 23.92		40.31

Percentage of recoveries on whole number discharged :

Old School		Middletown
27.93	1900	44.50
28.00	1901	48.10
26.38	1902	48.09
27.18	1903	49.47
27.55	1904	33.46
Average 2741		44.72

Percentage of deaths on number admitted:

Old School		Middletown
38.26	1900	31.86
40.95	1901	33.33
36.47	1902	27.03
38.25	1903	23.98
37.95	1904	35.74
Average 38.32		30.59

Percentage of deaths on number discharged :

Old School		Middletown
41.74	1900	35.71
54.54	1901	36.14
47.54	1902	32.78
40.34	1903	28.19
40.55	1904	35.29
Average 44.94		33.62

These statistics and the favorable showing of the homœopathic institution mean something — perhaps not all claimed for them by some — but they do mean Something, and that Something courts

investigation and is worthy of investigation. Statistics of a similar nature can be furnished by other sections of the world, statistics which testify most emphatically to the fact that the treatment of sick people in accordance with the principle of similars is approved of by Nature, than whom no better authority exists.

AS OTHERS SEE US.

It is a familiar connotation to the famous couplet —

"O wad some power the giftie gie us
To see o'osels as ithers see us !"

That if we could so see ourselves we should heartily wish we had not. But for once the connotation fails, when we see American homœopathy and its institutions, through the generously friendly eyes of our British colleagues, whom the Congress brought to our shores. Drs. Clarke and Burford, in their exhaustive and charmingly enthusiastic stories of their American experiences, published since their return in the *Homœopathic Review* and the *Homœopathic World,* have held up to American homœopathy a mirror so flattering that it may not be wholly safe for us to look too long therein lest we forget the gap, even admitting all we have accomplished, between "the petty Done and the Undone Vast." But at last we may rejoice in the fraternal kindness of these "hands across the sea" that hold up the mirror, and hope for an early opportunity to meet them, in the excellent good will the recent fortunate occasion has helped to promote.

THE INSTITUTE — A LOOK AHEAD.

Next year's Institute meeting is still a far cry, so far as date is concerned. Yet it promises to be so memorable a meeting that already it seems worth the while to urge the concentration upon it of our interest, and the quickening of our resolve to shape all our plans so as to permit our attendance upon it. Little of an official character has been given out concerning the meeting. But we may offer a few hints which cannot but be suggestive ones.

The meeting will be held within the direct limits of the Jamestown Exhibition. Its headquarters will be the magnificent "Inside Inn," now in process of construction within the Exposition

grounds. By special contract, already signed, all Institute members and guests will be housed under the single roof of this great hostelry, thus securing a unity of atmosphere, whose absence was one of the most regretable features of the recent Congress. The situation of the Inn, in the very heart of the Exhibition grounds, will make it possible for visitors to do their sight-seeing with a minimum of weariness, and Institute members to make most interesting use of every spare hour.

The president of the Institute is a New England physician, New England physicians should see to it that his meeting should be loyally attended and in all ways made memorable.

THE COMMERCIAL SIDE OF IT.

Photo-therapy and Thermo-therapy just at the present time are attracting considerable attention. They are not by any means new methods of treating sick people, for heat and light have been therapeutically used from time immemorial. But the modern method of producing the heat and light, and the extension of the treatment (for they are used in combination) to cover a wide range of ills are among the novelties of the day. By the use of a single powerful electric lamp, or a series of smaller lamps, aided by suitable reflectors, a very intense light and a high temperature can be produced. The very novelty of the treatment appeals to many members of the profession and a large number of the laity, and enterprising business concerns are taking hold of the matter while it is in an attractive stage and "pushing it." It is not our purpose to discuss the scientific value of the treatment, or suggest its possible homœopathic relationships to some of the conditions it is said to cure, or attempt to explain its successes or its failures, but simply to call attention to the potent influences at work in introducing it to the members of the profession. Considerable persuasively-phrased literature relating to the virtues of the "New" treatment and detailing instances of striking or marvelous cures, and making all sorts of enticing offers and suggestions is being distributed among physicians, but as a final appeal to the cupidity of the practitioner the following is found as a P.S. to a circular :

"A doctor writing from Great Falls, Mont., says he would not take $1,000 for his lamp and experience. He charges $2.50 a treatment and has taken in $500 in five months from work with the lamp alone. It's results that makes this possible. Another doctor writes he is giving 100 to 130 treatments each week and is swamped with business."

It is the commercial side of the subject that is considered the convincing argument in favor of somebody's lamp, and we venture the prediction that while the argument will undoubtedly prove efficacious

in some instances, it flavors so strongly of the commercialism of charlatanry that the majority of the profession will be influenced by it to look askance at the new method, and photo-therapy and thermo-therapy will find it up-hill work to make headway in professional favor.

PROFESSOR VON BERING'S ACKNOWLEDGMENT OF HOMŒOPATHY.

The *Homœopathic World*, (London), in its November issue, quoting from the *Homœopathic Envoy* for September, presents the following to its readers as a part of an editorial on "The Coming Peril." Just at the present time it will doubtless prove of unusual interest to readers of the GAZETTE to whom it is offered without other comment than a hearty commendation :

"In a recently published pamphlet, Professor E. von Behring, of antitoxin fame, made the following statement, which must be startling to our 'regular' friends : —

'The scientific principles of this new tuberculotherapy are yet to be established, just as the scientific principles of my antitoxic serum therapy remain to be explained, notwithstanding the assertion by many authors that the therapeutic action of my diphtheria and tetanus antitoxins is clearly understood since the promulgation of Ehrlich's side-chain theory. For speculative minds the new curative substance will undoubtedly become a most interesting object of scientific investigation, but I do not believe that medicine will profit much by it. In spite of all scientific speculations and experiments regarding small-pox vaccination, Jenner's discovery remained an erratic block in medicine, till the biochemically thinking Pasteur, devoid of all medical classroom knowledge, traced the origin of this therapeutic block to a principle which cannot better be characterised than by Hahnemann's word :

"Homœopathic."

'Indeed, what else causes the epidemiological immunity in sheep, vaccinated against anthrax, than the influence previously exerted by a virus, *similar* in character to that of the fatal anthrax virus ? And by what technical term could we more appropriately speak of this influence, exerted by a *similar* virus, than by Hahnemann's word :—

"Homœopathy" ?

'I am touching here upon a subject anathematized till very recently by medical pedantry ; but if I am to present these problems in historical illumination, dogmatic imprecations must not deter me. They must no more deter me now than they did thirteen years ago, when I demonstrated before the Berlin Physiological Society the immunising action of my tetanus antitoxin in infinitesimal dilution. On this occasion I also spoke of the production of the serum by treating animals with a poison which acted the better the more it was

diluted, and a clinician who is still living, remonstrated with me, saying, that such a remark ought not to be made publicly, since it was grist for the mill of homœopathy. I remember vividly how Dubois-Reymond, who during the progress of the demonstrations and discussions had become drowsy, suddenly sat up, all attention, when I replied in about these words :

'Gentlemen, if I had set myself the task of rendering an incurable disease curable by artificial means, and should find that only the road of homœopathy led to my goal, I assure you dogmatic considerations would never deter me from taking that road.'"

Dr. J. H. Clarke in his editorial says :

"This is clear, manly, and straightforward. There is no patronising of homœopathy here — this is downright homage" And what is more, there is clear acknowledgment of the necessity of the infinitesimal dose into the bargain. We have often contended that the infinitesimal dose is a greater stumbling-block to our allopathic friends than is the law of similars; and until they accept it the homœopathy they may assimilate will do very little good. But von Behring acknowledges not only the law, but the infinitesimal dose also ; and it is hard experience which has driven him to this conclusion."

A Septic Tank for the Suburban or Country Dwelling—This plant consists of two tanks, the first the septic tank proper; the second, a discharging tank, The septic tank is, in construction, practically a cistern, four feet in diameter. and about three feet deep. The sewege from the house enters this tank through a lightly trapped pipe, the flow from the ordinary household preventng the backflow of air. Across the center of the tank is a wall, which divides it into two chambers of equal size. The height of this wall is exactly to the point of outflow.

The sewage from the house enters the first chamber of the septic tank with considerable force, causing some disturbance of the contents. The flow over the dividing wall into the second chamber, however, is even and slow, so that the contents of the second chamber are not disturbed and the flocculent matter settles readily to the bottom.

The bacterial action on the contents of this tank is often so complete that there is no appreciable residue or sludge and in this case the tank will rarely, if ever, have to be cleaned out. In some instances, however, the tank will require occasional cleansing. The sludge from a well constructed tank is not offensive, and may be disposed of without difficulty.

The sewage is carried into the discharging chamber (which is a cistern 6 feet in diameter and about 4 feet in depth), through a deeply trapped pipe. The second, or discharging tank, should be of sufficient size to hold the overflow from the septic tank for a period of 12 to 24 hours. At the bottom of the dischargng tank is an automatic siphon which is opened auotmatically when the effluent reaches a certain height in the tank or chamber—a height of about 2½ feet. Through this siphon the contents of the chamber will pass in a very few moments) at which time the siphon will automatically close and the chamber will again refill.

From the siphon a pipe conducts the effluent to the place of discharge usually on a lawn, or in a pasture or field.

The effluent is usually entirely without odor and is inoffensive in every way. It may be discharged upon a lawn, provided the lawn is well under-tiled and and drained, or it may be emptied into any stream, provided that the water is not used for drinking purposes. While it is true that raw sewage is frequently directed into streams whose water is used for domestic purposes it is contrary to the policy of the State Board of Health to sanction even the discharge of this comparatively harmless effluent, into such streams.

Bulletin Illinois State Board of Health, September, 1906.

BOOK REVIEWS

Diseases of the Nose, Throat and Ear. By Kent O. Foltz, M.D., Professor of Ophthalmology, Otology Rhinology, and Laryngology in the Eclectic Medical Institute; Consulting Physician to the Seton Hospital, Assistant Editor of Eclectic Medical Journal; author of a Manual on Diseases of the Eye. 117 illustrations. 12mo. 643 pp. Cloth, $3.50. The Scudder Brothers Co., publishers, 1009 Plum Street, Cincinnati, Ohio. 1906.

This volume, of something over six hundred pages, is one primarily for medical students of the eclectic school. The first hundred pages are devoted to the anatomy and examination of the nose, pharynx, larynx, and ear; the last hundred to the diseases of the ear, while the intervening four hundred consider the diseases of the upper respiratory tract. The author considers in order: Diseases of the anterior nasal cavities, the accessory sinuses, the naso-pharynx, the uvula and soft-palate, the tonsils, the pharynx, the larynx, closing this portion with a chapter on "Intubation and Tracheotomy." The portion devoted to the ear seems altogether inadequate for a proper consideration of its diseases and their treatment.

A Non-Surgical Treatise on the Diseases of the Prostate Gland and Adnexo. By George Whitfield Overall, A.B., M.D. Chicago: Rowe Publishing Co. 1906.

In this volume the author describes in detail his method of treatment of diseases of the prostate, seminal vesicles and urethra. He advocates the use of the electric current both directly for its therapeutic effect and also for cataphoresis. He describes carefully his special instruments and the technique of their use. His chapter on senile hypertrophy is of interest, because it differs from the line of treatment generally accepted to-day. He maintains that the removal of the gland in toto is seldom necessary and advocates what might be called a modified Bottini operation, using a broad, flat electric-cautery and searing the prostatic bar gradually in a number of treatments rather than cutting through at one operation as did Bottini. He claims that the searing softens the gland sufficiently to allow of cataphoretic treatment which ultimately reduces it to nearly normal size.

At the present time when so much is being written on senile hypertrophy, and when every endeavor is being made to discover the best line of treatment, this volume is of interest because of its originality.

The Physicians Visiting List for 1907. Fifty-sixth year of publication. Philadelphia: P. Blakiston's Son & Co. Price $1.00.

The large number of physicians using this list proves that it is very acceptable to the profession. Those who are accustomed to its use will seldom change for any other. It is as neatly gotten up as usual, and its compact form makes it very convenient for the pocket.

BOOKS, PAMPHLETS, REPRINTS, ETC., RECEIVED.

Physical Economics. Erastus Eugene Holt, A.M., M.D., LL.D., Portland, Me.

Glycosuria. S. H. Blodgett, M.D., Boston, Mass.

The Physician as a Character in Fiction. Presidential Address. C. B. Burr, M.D.

Medical Inspection in the Public Schools. Edited by Joseph Lee and Margaret Curtis.

Principles of Serum Therapy. By Henry G. Graham, M.D.

Report of Five More Apparent Cures of Pulmonary Tuberculosis. By John F. Russell M.D.

Phototherapy in General Practice. By Herbert Pitcher, M.D.

Therapeutics of Light as Illustrated with the Leucodescent Therapeutic Lamp. By Lamson Allen, M.D.

The Journal of the British Homœopathic Society. G. F. Goldsbrough, M.D., editor.

The Cause and Prevention of Consumption. Circular issued by the Illinois State Board of Health, 1905.

Infant Feeding. Circular issued by the Illinois State Board of Health, 1906.

Practical Disinfection. Circular issued by the Illinois State Board of Health, 1906.

Typhoid Fever, Rules and Regulations. Issued by the Illinois State Board of Health, 1904.

Scarlet Fever, Its Prevention, Restriction and Suppression. Published by the Illinois State Board of Health, 1906.

Diphtheria, Its Prevention, Restriction and Suppression. Issued by the Illinois State Board of Health, 1903.

Small Pox, its Prevention, Restriction and Suppression. Issued by the Illinois State Board of Health, 1905.

Genitourinary Diseases and Syphilis. By Henry H. Morton, M.D.

A Compend of Genitourinary Diseases and Syphilis. By Charles S. Hirsch, M.D.

The Blind and the Deaf. Issued by the Bureau of the Census, 1900.

Vital Statistics of Boston & Philadelphia, 6 years ending May 31, 1890, Department of the Interior, Census Office.

Pathology. By Dr. John Stenhouse and Dr. John Ferguson.

SOCIETY REPORTS.

BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

The regular meeting of the Boston Homœopathic Medical Society was held in the Natural History Rooms Thursday evening, Nov. 1, 1906. The meeting was called to order at eight o'clock by the President.

The records of the last meeting were read and approved.

Dr. H. G. Batchelder was proposed for membership.

The President appointed the following committee to nominate officers for the ensuing year : Drs. J. Emmons Briggs, W. F. Wesselhoeft, and J. Herbert Moore.

Scientific Session

Pathological specimens were exhibited by Drs. J. E. Briggs, W. S. Smith, W. H. Watters, and W. F. Wesselhoeft.

Dr. Briggs : I wish to exhibit some pathological specimens of prostates. All of these were removed in our hospital within the last six months. They show a great variety of sizes. This was all I could get from one patient, the rest of the prostate was so adherent that it came away in fragments. This is the largest prostate which it has been my fortune to remove, and weighs five ounces, but I have heard that one has been recently removed at our hospital more than twice as large.

I should also like to speak, if I may be allowed, under the third heading of the Scientific Session (new discoveries or inventions pertaining to surgery or medicine) of a form of rubber bag which I have devised to be used in order to stop bleeding after the removal of a prostate by the supra-pubic route. This instrument consists of a rubber bag which is vulcanized to this rubber tubing and is capable of being expanded by water or air. I use preferably water.

The method of use is to carry it through the supra-pubic opening after the prostate has been removed, by first introducing a bougie through the penis.

After being put in as far as it will go, it will protrude through the supra-pubic opening ; the next step is to push this bougie into the end of the rubber tubing. Tying a silk ligature around here we are able to withdraw the bougie, which leaves the rubber bag in the bladder, the tubular end projecting from the end of the penis. This should be distended with water to a degree which makes it a little larger than the opening from which the prostate is removed. This will stop bleeding if it is at all troublesome.

I like very much to use continuous irrigation, and use Dr. Packard's hydraulic

pump to remove blood and urine from the bladder. With it in place this hydraulic pump can be put in operation immediately after the operation. It stops all bleeding and the urine will hardly seem to be red after a few hours. A great advantage in this apparatus is that it is so easilv removed. Simply taking the artery forceps off the end of the tubing, the water flows out of the bag. It then folds upon itself and is easily withdrawn through the penis. I have used it perhaps ten or a dozen times with satisfaction.

Dr. Smith : This brain was from a case in which death followed anesthesia. The case was one of fracture of the left hip, in which the patient, a woman of sixty-five years of age, was given ether in the ordinary way for the reduction of the displacement. The patient took the anesthetic without any difficulty at all; it was an ordinary normal case as far as we could determine during the entire procedure, but she failed to come out of the ether. The operation took place about midday and when I was called in late in the afternoon she was in a state of coma, pupils contracted, and no absolute, unqualified evidence of any pathological condition. It might have gone as a case of death from ether had we not surmised that there was something complicating the case. The patient died that night and the next day Dr. Watters made a pathological examination of the brain. The right frontal lobe was the one which was affected, and the extent of the clot shows very nicely in the specimen.

Dr. Watters : I have here two or three specimens which may be of some interest. The first is a case of carcinoma of the breast which shows a rather peculiar condition, due to an unusually lobulated appearance in the growth.

Here is a foetus about two months and a half old. I have here a foetus of less than one month, which appears only as a thread-like process in the uterine cavity.

Dr. W. F. Wesselhoeft : I have here a specimen of cancer of the lower part of the sigmoid flexure and upper part of the rectum. In this case I carried out a method which I think very widely applicable to cancer in the lower part of the bowel, that is, to make first an inguinal colotomy which removes the growth from any mechanical irritation due to the passing of feces and puts it in the most favorable condition for the comfort of the patient, even if a radical cure cannot be effected, and then secondly to remove the growth.

This case was that of a woman forty-eight years old, who entered the Hospital in September, and in the latter part of September I made an inguinal colotomy. The growth was just above the rectum, could not be felt through the rectum, but through the vagina. It had gone so long that it seemed to me very problematical as to a radical cure being effected. She recovered from the inguinal colotomy very well, and two weeks and a half later, through a medium incision the gut from below the colotomy was very easily removed by simply tying off the mesentery as far as it could be and then encircling the gut below the growth with a silk ligature, the gut above was cut off and the stump of the ligature was inverted and the peritoneum sewed over it.

She made a recovery, and while it may not be a radical cure, it puts her under the most favorable conditions, and the inguinal colotomy, to my mind, gives a more comfortable relief than the operations through the sacrum or vagina.

Program

How Far Do We and How Far Can We Agree ? Richard C. Cabot, M.D., Instructor in Medicine, Harvard University.

The Question of a Common Ground in Therapeutics. Walter Wesselhoeft, M.D., Professor of Clinical Medicine, Boston University.

At the close of the program it was voted to extend the time of the scientific session for discussion, and the President called upon the following members for remarks: Drs. George E. May, J. A. Rockwell, Frank C. Richardson, F. E. Allard.

It was voted that owing to the lateness of the hour, the written remarks of Dr. Krauss be referred to the publication committee.

Dr. Cabot closed the discussion.

Adjourned at ten o'clock for a social half-hour.

B. T. Loring *General Secretary.*

WORCESTER COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

The fortieth anniversary of this society was held at the Bay State House, Worcester, on Wednesday afternoon and evening, Nov. 14.

The meeting from beginning to end proved to be one of unusual interest, and was notable, not only for the large attendance, but even more so for the unusual excellence of the papers presented.

The new president is Dr. E. R. Leib, of Worcester, who has so satisfactorily filled the vice-presidential chair for the past year.

Dr. A. E. Cross continues as secretary.

Following the business session the Bureau of Surgery and Physical Diagnosis, under the chairmanship of Dr. E. A. Fisher, presented the following program :

The Early Recognition of Incipient Pulmonary Tuberculosis. Egbert Guernsey Rankin, M.D., Professor of Theory and Practice, New York Homœopathic Medical College. Discussion by George Lapham, M.D., Rutland.

Some Problems in Diagnosis. F. P. Batchelder, M.D., Boston, Professor of Physiology, Boston University School of Medicine. Discussion by J. K. Warren, M.D., Worcester.

Gastric Surgery and the General Practitioner. William Francis Honan, M.D., New York, Editor *Homœopathic Journal of Obstetrics*. Discussion by N. W. Emerson, M.D., Boston.

Electric Light and Vibratory Massage. Carl Crisand, M.D., Worcester. Discussion by Alonzo G. Howard, M.D., Boston.

Following this session the members adjourned for dinner, after which the post prandial addresses were given as follows :

President's Annual Address. R. G. Reed, M.D., Woonsocket, R. I.

The Old Guard. Geo. F. Forbes, M.D., Worcester. Our honored "charter member."

Rational Homœopathy. E. H. Copeland, M.D., Northampton, ex-president Massachusetts Homœopathic Medical Society.

The University Idea. John P. Sutherland, M.D., Boston, Dean of Boston University School of Medicine.

Physicians and their Societies. E. B. Hooker, M.D., Hartford, Conn., President American Institute of Homœopathy.

A notable feature of these after dinner speeches was the definite aim indicated in each one in contrast to the usual somewhat aimless, if entertaining, remarks often made on such occasions.

In addition to a large representation of the membership, physicians were present from several other parts of the state and from the adjoining states. The meeting was one that has seldom, if ever, been excelled in interest and in value to all in attendance.

NEIGHBORHOOD MEDICAL CLUB.

The November meeting of the Neighborhood Medical Club was held at Young's Hotel on Thursday evening, Nov. 22.

After a dinner enjoyed by a large proportion of the members, a paper upon the Value of the Laboratory to the General Practitioner was presented by Dr. W. H. Watters. This was followed by informal discussion upon this and allied subjects.

The meeting adjourned about 10 P.M.

The National Society of Physical Therapeutics—It is a well-known fact that homœopathic physicians actuated by the progressive spirit that actuates them as a class, are good customers of the manufacturers of apparatus used for physical therapeutics. It is undoubtedly true that at least a thousand homœopaths daily use one or more of the therapeutic measures which range themselves under this department of medical practice, and every one of them should be enrolled in the National Society of Physical Therapeutics, the one organization that has stood for the development of this line of work among homœopathic practioners. The dues are but one dollar a year, and this entitles the member to a

printed report of the business transacted, and of the papers and discussions offered at the annual meeting. Anyone interested in this line of work is bound to get many a hint, each of which is well worth much more than the membership fee. Membership is open to all practitioners who are members of any local, state, or national medical society. Applications, accompanied by the first year's dues, can be sent to any member of the executive committee: Hills Cole, M.D., president, 1748 Broadway, New York; Rollin H. Stevens, M.D., Detroit, and W. H. Dieffenbach, M.D., New York, vice presidents; Annie R. Higbie, M.D., treasurer, 158 W. 76th St., New York; John D. Boileau, M.D., secretary, 804 Lehigh Ave., Philadelphia; W. H. King, M.D., and J. Oscoe Chase, M.D., New York. It may perhaps be added that the National Society of Physical Therapeutics is the outgrowth of the National Society of Electro-therapeutists, the scope of the latter organization having been enlarged and its name changed at the annual meeting held in Niagara Falls.

PERSONAL AND GENERAL ITEMS.

Dr. R. H. Burke has removed from Sutton to West Burke, Vt.

Dr. Francis X. Corr has been appointed Gynecologist to Boston Insane Hospital.

Dr. Emilie Young O'Brien, formerly of Washington, D.C., has removed to Allston, Mass.

Dr. Vincent T. Lathbury announces his removal from Searsport, Me., to Pittsfield, Me.

Dr. Mary Johnson, B. U. S.M., 1903, has been appointed interne at Westboro Insane Hospital.

Dr. Benjamin C. Woodbury, Jr., B. U. S. M., 1906, has opened an office in Winthrop, Maine.

Dr. Emma M. Wooley of Boston, and Dr. Isabella P. Gibby of Worcester will spend the winter at Winnipeg, Manitoba.

Dr. Ida J. Brooks has resigned her position at Westboro Insane Hospital to resume private practice at Little Rock, Ark.

Married April 12, 1906, at High Point, N. C., Dr. Eulalie M. Abbott, B.U.S.M. 1899, to Mr. William Gates of High Point.

Dr. F. L. Emerson of Dorchester has just returned from a six weeks' trip to Europe, travelling through Italy and France.

Dr. Noble Hind Hill announces the removal of his office from 206 to 189 Huntington Avenue. Office hours, 9 to 10 and 2 to 4.

Dr. F. C. Robbins, B. U. S. M., 1896, has been recently promoted to the position of assistant physician at Gowanda State Hospital.

Dr. Edward Moore, B. U. S. M., 1905, after a year spent as interne at the Massachusetts Homœopathic Hospital, has located at 199 Church Street, Newton, Mass.

Dr. Anna T. Lovering, 10A Park Square, Boston, will assist members of the profession in the preparation of papers for societies or publication ; also in re-search work or proofreading.

Dr. Ralph Hayman, who has recently completed his service in the Massachusetts Homœopathic Hospital, has located in Amesbury, Mass., where he will be in association with Dr. F. S. Eveleth.

Dr. H. W. Johnson, formerly of Berlin, N. H., and lately on the staff in the Eye Department at the New York Polyclinic Medical School, is at present in Vienna, where he will remain for the winter.

There will be vacancy as interne at the Rochester Homœopathic Hospital, Dec. 1, 1906. Applications should be sent to Shirley R. Snow, M.D., Secretary Staff, 287 Alexander Street, Rochester, N. Y.

For Sale.—Surburban practice in growing town of over 6,000 inhabitants. Fullest introduction given. All correspondence confidential. Address, "K," care Otis Clapp & Son, 10 Park Square, Boston.

Dr. Harriette M. Collins, B. U. S. M., 1897, was recently married to Mr. Arthur L. Lingham of Montrose, Colo., and has disposed of her business to Dr. Helen C. Byington, B. U. S. M., 1896, formerly of Denver.

Large Physician's Fee.—It is reported that Dr. Frank Billings presented to the estate of the late Marshall Field a bill for $25,000. This was to cover his attendance for one week upon Mr. Field during his last illness.

Dr. Wilfred T. Grenfell, the medical missionary who founded and conducts the Labrador Deep Sea Mission, on King Edward's birthday recently was created a companion of the Order of St. George and St. Michael.

Dr. Walter J. Marcley, superintendent of the Massachusetts Sanatorium for Consumptives, Rutland, is reported to have been appointed to the superintendency of the Minnesota State Sanatorium for Consumptives.

Roosevelt Hospital.—Extensive alterations and improvements are projected for this institution. The large two-story amphitheatre will be much altered and remodeled, a large lecture hall will be built, and two new upper floors will be fitted out as dormitories for employees.

Medical Inspection in Schools—The following are some of the objects to be sought for by the medical inspectors in Springfield The discovery of pupils requiring medical aid, the detection of children suffering from contagious diseases, the detection of defective eyesight or hearing.

There is a good opening for a recent graduate in Grace Homœopathic Hospital, New Haven, Conn. An interne is wanted there for a term of six months or one year. A small remuneration is paid, and valuable experience is gained, a large proportion of the city accident cases being sent to this hospital.

Dr. Henry E. Packer, formerly in Barre, Vt., and later in Woburn, Mass., suffered from impaired health for some time through overwork, but his friends will be glad to hear he has recovered so as to resume practice. He has located at 131 Newbury Street, Boston, and will make a specialty of Bright's disease and Diabetis.

Denatured Alcohol.—After Jan. 1, 1907, ethyl alcohol may be sold tax free if a sufficient amount of wood alcohol or other poison has been added to render it unfit for use as a beverage. The intention is to thus allow alcohol to be purchased for industrial uses at its real cost, which will be about twenty-five cents per gallon.

Advancement in Turkey.—The Bacteriological Institute is about to be opened in Constantinople. Here it is intended to prepare all the different varieties of antitoxic sera in sufficient quantities for the entire Turkish empire. The project has the active support of the Sultan and the present Minister of Agriculture.

Examination of New Jersey Undertakers.—According to a law passed some months ago, a State Board of Undertakers and Embalmers has been appointed in New Jersey that will examine all persons wishing to follow these occupations. Another paragraph of the law forbids the use of arsenic in any embalming fluid.

Tulase.—The new remedy which Professor Behring has introduced for the treatment of tuberculosis has been named by him, Tulase. This remedy is not yet ready for the general market on account of ignorance concerning its complete action. Small amounts, however, will be given to suitably qualified institutions free of charge, in order that it may be given a thorough trial.

Destroyed Medical Certificates—We are glad to learn through the *California State Journal of Medicine* that the board of medical examiners of California will issue duplicate certificates upon proper identification and the filing of an affidavit by those physicians who lost the original copies during the San Francisco catastrophe. This action has been authorized by a special session of the legislature, and is one that is certainly most commendable.

The Boston Deutsche Gesellschaft, a newly formed organization, the members of which are Americans or Germans, who wish to keep in touch with German literature and art, held its first session recently with an attendance of about three hundred, which included many well known men and women of Cambridge and Boston. Mrs. Henry L. Higginson is president, Dr. Walter Wesselhoeft, vice-president. Dr. Wesselhoft presided and spoke briefly of the aims of the organization.

Innovation in Hering Medical College—It is reported that Hering Medical College of Chicago will in future give night courses in medicine, as well as those during the day. This will allow many young men an opportunity of pursuing medical studies, and at the same time enable him to earn sufficient for his necessary expenses. Such changes have been made in one of the other Chicago medical institutions, with questionable success. We await the sequel in this case with considerable interest.

Resignation of Dr. Wood—Dr. H. C. Wood, the well-known professor of Materia Medica and Therapeutics in the University of Pennsylvania, has presented his resignation on account of ill health. Dr. Wood became connected with the university at the time of his graduation in 1862, and has held the chair which he has just relinguished, since 1876.

As an expression of the esteem that the authorities felt for him, he was made emeritus professor of Materia Medica and Therapeutics.

Notice.—A vacancy in the House Staff of the Hahnemann Hospital, New York, City, will occur Dec. 1, 1906. The place is open to graduates of medicine, and the term of service is eighteen (18) months, divided into clinical laboratary work, practical medical, surgical, and obstetric work. Compensation consists of board and lodging, instruction in the above departments of medicine, and $15.00 per month salary. Applications should be sent at once to Dr. Wm. H. Van den Burg, Chairman of Executive Committee, Medical Board, 30 West 48th Street, New York City.

Eight year old William J. Sidis, son of Dr. Boris Sidis and Dr. Sarah Mandelbaum Sidis, (B. U. S. M., 1897,) of Brookline, is considered the most remarkable boy of his years in the United States. He has just entered the Brookline High School, he speaks four languages, he makes astronomical calculations that would puzzle a professor in mathematics, has invented a new system of logarithms and prepared an outline of an advanced grammar.

His parents cannot account for his phenomenal development, but from a very early age say he has pored over books and seemed to quickly master their contents.

Popular Medical Fallacies—An article upon the above topic appeared in the September number of the American Magazine, and should prove to be of

much interest to doctors who desire to meet some of the common lay opinions concerning medical subjects. The old idea that boils are always manifestations of some blood disease is strongly combated, as well as the efficacy of certain old-fashioned beverages, teas, etc. It is probably true that the existing popular ideas concerning medicine are similar to those believed by physicians twenty-five or more years ago. In other words, the public is about a generation behind the profession.

New York City's Garbage—The question of the disposition of the garbage which accumulates in and about the metropolis is as difficult to deal with as it is unpleasant to discuss. But one definite conclusion has been reached by all concerned—that the present method of disposal is the worst conceivable. Because of the destruction by fire of the Barren Island plant, the city has resumed the disreputable practice of dumping its garbage at sea, with the result that fauna and flora of the greatest variety and picturesqueness now adorn the beaches of Long Island and New Jersey. All this is in very truth most unhygienic and disgusting.

The Medical Times, October, 1906.

Burnett Professorship.—We are pleased to note that the Burnett professorship of homœopathic practice bids fair to soon be an accomplished fact. In the entire British empire there is not one homœopathic medical school. The homœopaths of England are endeavoring to raise the sum of $10,000 with which to endow a professorship in connection with their association. This sum has not yet been completely raised, there being needed about $2,200 more. The sale of silver articles, which Mrs. Clarke holds at her home in Bowdoin Street, Piccadilly, will have for its object the completion of the amount desired.

Our best wishes go to our English friends, as we realize in them staunch, intelligent and ardent advocates of the cause which is becoming more and more generally recognized.

Reception by President Huntington.—Instead of the monthly receptions given by President and Mrs. Huntington at the College of Liberal Arts in the past, there will be this year only four such functions, occurring bi-monthly. The first of these was at the Medical School of Boston University, where President and Mrs. Huntington received from four to six o'clock on Nov. 7th. The Faculty and Alumni of the Medical Department were well represented, as well as those of the other departments. Registrar, Frank C. Richardson, of the School of Medicine, and Mrs. Richardson, assisted in receiving. Mrs. Huntington was assisted by Mrs. Edward P. Colby, Mrs. John H. Payne, Mrs. Howard P. Bellows, Mrs. Herbert C. Clapp, and Mrs. Winfield S. Smith, all wives of the members of the Faculty, who served at the chocolate and tea tables. A number of young ladies, students in the Medical School, served as waitresses. The ushers were also from the medical student body.

The next reception will be given in January at the School of Theology, following which will be one in March at the Law School and a final one in May at the College of Liberal Arts. To all these receptions all the faculties, alumni, students and friends of the University are invited. Much is being done by this means to bring into sympathetic union the various departments of the institution and foster a true university spirit which cannot help being a great gain.

Bilious derangements, to which chelidonium is homœopathic, are characterized by the following symptoms: Dull headache, burning in the face, flushed face, loathing, nausea, and vomiting, coated tongue, pasty taste, flatulence, increased frequency of the alvine evacuations, dark urine, dimness of sight, sopor.

Gastric derangements are characterized by a sour or saltish-bitter taste, bitter evacuations, increased secretion of mucous and saliva, pasty taste in the mouth, pressure in the stomach, sense of fulness in the abdomen, increased urging to urinate, with a more copious discharge of watery urine.

Jaundice: Bitter taste, tongue clean and of a deep-red color, tension of the præcordia, urine brown red, clear, sour; stool, white.

Malcolm A. Douglass, M. D., Hahnemannian Monthly, October, 1906.

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